(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gayed in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: nature of the business or industry, and therefore an additional line is provided for the latter statement: it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Fermer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (repluyed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stehonary Jiroman, et. But in many Physician, Compositor, Architect, cupation is very important, so that the relative health Statement of Occupation Precise statement of oc to report Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laboreryrs). without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation -Coul mine, etc. Wom-Locamolive engineer, (b) Crocery.

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. E ramples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar meanonia. Bronchopmennonia. "Pneumonia."

> as fracture of skull, and consequences (e.g., serwis, tetanus) may be stated under the head of "contributory". "PUERPERAL septicaemia," "PUERPERAL perilonitis diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure, "Shock," "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poiso ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICHAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify :: Il causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, American Medical Association.) Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY by Committee on cough; Chronic Example: Measles (disease etc. affection valvular heart diseuse; Nomenclature The contributory Sarcoma,, need not be Measles; etc., of death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. 2. the data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH

County / Cource	CERTIFICATE OF DEATH
Village or City Salisbury (No. Peninsul	Registration Dist. No. 309  A General Hopetsal Bward (If deeth occurred in a hopetsal or institute
2 FULL NAME Lottie M. GO	tion, give its NAME is steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COYOR OR RACE 5 SINGLE, MARRIED, WIDOW 1991, OR DIVERSED TILL	16 DATE OF DEATH (Month), 1980 (Month) (Day) (Year)
6 DATE OF BIRTH June 14, 1895	17 HEREBY CERTIFY, That Lattended the decessed from
7 AGE (Month) (Day) (Year)	that I last saw h Walive on Off 1927
34yrs. 9 mos. 17 ds. or min.	. The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or Housebeeper	Cerelis Spine Menugetes
(b) General nature of industry business, or establishment in which employed or (employer)	medial cuts y Duration ye mos de
9 BIRTHPLACE (State or country) // Comico	Contributory Secondary Secondary (Dursjon) yıs mos. ds.
10 NAME OF STATHER SM Perdue	(Signed) M. D.
OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mildred Parker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,	if not at place of dea.h?  Former or  Jusual residence
(Address) Letisbury Md.	Parsons ma april 1930
Filed apr 2 1930. & Amay Turne Registros	The Hill & Almson on Salishny 9
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

04711

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-," etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	08387 STATE OF MARYLAND
01 .	
County Melonico	CERTIFICATE OF DEATH
dittin mares practing as	Registration Dist. No. 1999
Village or City Valuebury (No.	Lacusty Ded St.: 13 Ward) (If death occurred in
	a hospital or institution, give its NAME in
2FULL NAME Wakens.	stead of street and
	James James Jan 4
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED. SING	2 16 DATE OF DEATH O 20
Male White WIDOWED, OR DIVORCED	July 28, 1:180
(Write the word)	I HELEBY CERVIFY, That nattended the deceased from
6 DATE OF BIRTH	June 26 1930 to Tuly 28 1830
	30 1
	ear
7 AGE	
67 yrs. 5 mos. 8 ds. or	
8 OCCUPATION	Mal - tet
(a) Trade, profession or particular kind of work	o.comaa-
(b) General nature of industry	
business, or establishment in	(Duration) yra, max 2
Which employed or (employer)	Contributory As To C le to
9 BIRTHPLACE (State or country)	Secondary The County
1 10 NAME OF D. VEN. Stargo.	(Dartion) yrs mosda
FATHER LOUIS RAKING OF	(Signed) M. D. M. D.
11 BIRTHPLACE	118 Address fallety ing
OF FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from
W 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Rebellal / Wille	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)  At place  In the
OF MOTHER (State or country) / Umendon )	ela of death yrsmos. Ch. Stateyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
0 . 000.	Former or
(Informant) Logices Museus	usual residence
(Address) Salisbury, Md.	0 19
	Jasons un jung 21, 190,
15 Filed Kuly 28 19230. St. May Ju	MANES 20 UNDERTAKER acting Appliess
Regist	The state of the s
If more blanks are needed, address State Re	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Former or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Ciril engineer, Physician, Compositor, Architect, Locomotive engineer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Spirum, (b) Cotton mill; (a) Solesmon. (b) (a) Foreman, worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be taken gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed whatever, write Nonc. For many occupations a single word or term on 6 yrs). Farm laborer, Loborerwithout more precise specification as Duy Stationary fireman, etc. But in many (b) Automobike For persons who have no occupation factory. The -Coul mine, etc. Wommaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fewer (the only definite synonym is "Epidemic cerebross in all meningitis"; Diphtheria (avoid use of "Croup") signal meningitis"; Diphtheria (avoid use of "Croup") typhoid fewer (never report "Typhoid Pneumonia"; Lobar pueumonia, Bronchopheumonia ("Pneumonia.")

inges, perdonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" atic), "Atrophy. Consental," "Senile," etc.), "Propsy,"
"Debility" ("Congenital," "Senile," etc.), "Propsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Chronic interstitial nephrilis, Whooping cough; tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (\*econdary), diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "PUERPERAL septicaemia," "PUERPERAL peritonitis, State cause for which surgical operation was underand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association. Never report mere symptoms or terminal condior intercurrent) affection need not be for malignant neoplasms); Chronic valeular heart disease; nephrilis, etc. The contributory The nature of the injury, Meusles ,

If this certificate is looked over thoroughly and ail questions answered in derail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

No. 1

or!

PLACE OF DEATH  County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 337
Village or City Burales (No	St.: Ward)  (If death occurred in a hospital or Institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. Timale Turkite OR DIVORCED (Write the word)	16 DATE OF DEATH    1980   (Month)   (Day) (Year)   (Year
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last sew h alive on hour 17 7 1920,
7 AGE 7 / yrs. 7 mos. 7 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs mos de.
10 NAME OF FATHER  II BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary a Livingson  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IS LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
(Informant) J Afri a nderson (Address) Braline Mal 15 Filed May 19 1938 N. Worlford Valta	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  May 19, 1920  20 UNDERTAKER  AGRESS  AND  AND  AND  AND  AND  AND  AND  A

If more blanks are needed address tate Registrar, 16 W. Seratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Archifed, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en household only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housemaid, etc. Foreman, Or especially in industrial employments, it is neces-Form laborer, At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. Wornnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopmeumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important: Example: Measles (disease American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Inemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic, interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR YIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic etc. The valvular heart Nomenclature contributory disease; of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. BEvery Item of Info. ation should be carefully supplied. ACE shows be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FLY, P
Every Item of Information should be carefully supplied. ACE shows be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.
stated proper
ay be
choc titm s on t
ACE o tha
d be carefully supplied. ACE tho DEATH in plain terms so that it nay important. See Instructions on
lly sur lain te t. See
H in portan
d be d
E CF
CAUS
state
ould of of
y Iten
CIAR
× × ×

PLACE OF DEATH County_Wicomico	OSSA STATE OF MARYLAND CERTIFICATE OF DEATH
	(90) Registration Dist. No. 333
Village or City Riverton, (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, Married WIDOWED, OR DIVORCED (Write the word)	Jan 22 1930 192
6 DATE OF BIRTH  Tab 8 , 1.85 (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE	rs. The CAUSE OF DEATH *, was as follows:
(a) Trade, profession or Millman particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Md	Contributory Secondary  (Duration)  yrs
10 NAME OF FATHER HOSIAS Bailey	(Signed) TTS. Ruhlman, M. D. 1/2 3 1980 (Address) Sharptony and
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, for, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Nellie Cooper  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant)  (Address) Riverton, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan 24 192) In Clination	W.D.Gravenor & Bro Sharptown.
If more branks are needed, address State Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocrner, (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Compositor, Architect, Locomotive engineer, For persons who have no occupation -Coal mine, etc. Wom-6 material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronicetc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--

PLACE OF DEATH County Wecomies	STATE OF MARYLAND CERTIFICATE OF DEATH
County	(29) Registration Dist. No. 331
Village or City Hebron (No	Bailey St.: 15 Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED MIDOWES MIDOWES MIDOWES (Write the word)	16 DATE OF DEATH OCT. 6, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH OF 3/ 1856  (Month) (Day) (Year)  7 AGE (If LESS than	17 Lehere By CERTIFY, That I attended the deceased from 1970 to De 1970, 198 that I last sow b in elive on 192 192
73 yrs. 11 mos. 6 ds. or min.?  B OCCUPATION  (a) Trade, profession or Retired Flarmer  particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF Marlerlos J. Bailey	(Signed) At Comain M. D.  (Signed) (Address)
OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Bradley  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) has. L. Bailey	if not at place of death?
15 Filed Oct 7 1980 Mus & m Walloco Rogistrar	20 Olbertaker + Co. Salishy MA
If more bianks are needed, address State Registre	r, 16 W. Seratoga St. Balto., Requesting V. S. No. 1.

1

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular etc. The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NENT MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PER WRITE V. S. No. 1

PLACE OF DEATH  County AROMAGO	03383 STATE OF MARYLAND CERTIFICATE OF DEATH
1/ /	(129) Registration Dist. No. 33/
Village or City Con (No. Ba	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h 2 alive on 25 , 1926
7 AGE If LESS than I day hrs. or min.?	THE GAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary  (Duration)  yrs mos ds
10 NAME OF FATHER STEPPH Ellis	(Signed) John Command M. D. July 20 1920 (Address) Head
OF FATHER  (State or country)  12 MAIDEN NAME  (1)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER SHEWEST Suchola	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)//N, Della/////	usual residence
(Address) WEbross. Mo-	Sharptown July 27. 1.30
Filed July 27 1920 new J. M. Walla	VI DA Tavanos Hijo Sharptown
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housetired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Atrophy," "Collapse, perilonacum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as cough; Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illne s. If retired from gaged in domestic service for wage. at North H. Cook, ployed, as At school or At home Care should be taken definite salary), may be entered as House ofe, Houseer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement: it Whatever, write None. business, that fact may be indicated thus: Furmer (reor given up on account of the bureare carries plant, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Houseken pers who receive a en at home. laborer, Furm laborer, Laborer-Cool mine, etc. Wom-Never return "Laborer," "Foreman." "Manager," "Dealworked on may form par' of the second statement. (a) Foreman, (b) Automobile jectery. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fromen. etc. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every pers n, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise talement of oc-For many occupations a single word or term on or At especially in industrial employments, it is neces-Home, and children, not animfully emwho are engaged in the For persons who have no occupation As chambles: (a) luties of the Bat in many Tim nanterial The ques-Crocery;

EASE CAUSING DEATH (the primary affection. "The respect to time and causation), using always the same accepted ed term for the same disease. Examples Combine product fever (the only definite synonym is "Epitemic cerebro spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomescluture of the American Medical Association.) head of "contributory." quances (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably sulcide. as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or "PUIRPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age." "Shock," conditions. ary), 10 ds. Never report mere symptoms or eauting death), 29 ds.; Bronchopneumonia ....... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by train—accident; Revolver wound of head-homicide; Examples: State cause for which surgical operation was under "Uracmin," "Weakness." etc., when a definite disease "Drolsy." "Exhaustion," "Heart vulsion ... symptomatic), Choon'c use of "Tumor" for malignant neoplasms); stated unless (secondary or intercurrent) affection need Whooping cough; Chronic valvular FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, etc. The contributory such as "Asthenia." "Anaemia" "Debility" ("Congenital," "Senile," etc.), Accidental drowning; important. "Atrophy," "Collapse," "Coma," "Con-(Recommendations on state-Example: Meastes Struck by railway failure," "Haemorheart Committee ou Meastes; discase; terminal (discase (second-(merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the states souther and must be obtained before the certificate is permanently filed.

15393

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 382

St.:	Ward)	(If death or	
**********		a hospital c	NAME in-
		stend of et	reet and

MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
hat I last saw halive on
and that death occured on the date stated abova, atm.
The SAUSE OF DEATH * was as follows:
(Duration) yrs, mos, de,
Contributory Secondary
(Signed) J. W. D. M. D. (Address) Advilston
*State the Discase Causing Death, or, In deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For liospitals, Institutions, Transients or Recent Residents)
At place In the of death yrs
Where was disease contracted, f not at place of death?
Former or usual residence
9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Ou form Die 17, 1030
O UNDERTAKER ADDRESS
Elicas a Baken Rettanlestude

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the filliess of various pursuits can be known. The quescitation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of guged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only and paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer. Stationary freman, etc. But in many For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Elamples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage "PJERPERAL seplicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suacide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, taken. Foll VIOLENT DEATHS state MEANS OF INJUNY American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train. ..... (name origin: "Cancer" is less definite; avoid "Atrophy" "Collapse," "Coma, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic Carcinoma, Sarcoma,, Example: Measles (disease etc. The contributory valvular heart disease; ", "Convulsions, " "Shock," Measles; etc., of

If this certificate is I oked over thoroughly and a I que 'ions answered'in detail, it will prevent further correspondence. 'he dita is essent al and must be obtained before the certificate is permapently filed.

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. tired 6 yrs). For persons who have no occupation er," et ... without more precise specification as Day laborer Furm laborer, Laborer—Coal mine, etc. Women at home, we are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (testate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only and paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. report specifically the occupations of persons enician, Compositor, Architect, Locomotive engineer, engineer, Stationary freman, etc. But in many For many occupations a single word or term on (b) The ques-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilanacum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin; "Cancer" is less definite; avoid "PJERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as ". Uraemia, " "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely "Exhaustion," unqualified, is indefinite); Tuberculosis of lungs, menapproved by Conmittee on telanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy" "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, " "Marasmus, " "Old Age, " "Shock, Chronic valuular heart discuse; and consequences (e. g., sepsis, etc. Nomenclature The Sarcoma,, etc., of contributory

If this certificate is I oked over thoroughly and a.I questions abswered in defail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

Z

PLACE OF DEATH County Miconice Village or City Salisbury (No. Jen XJe)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333  Registration Dist. No. 333  (If death occurred in
2FULL NAME Instant.	Baules (If death occurred in a hospitul or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Demale Thile Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Auly 6, 1930  (Month) (Day) (Year)	that I last aw h. alive on 1950.
7 AGE   If LESS than   I day Onrs. or Omin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, prefession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yra maa da
9 BIRTHPLACE (State or country) Maryland.  10 NAME OF HOME OF HOME Banks	Contributory Stall Face Duration (Signed) (Duration of Duration of
OF FATHER  (State or country)  12 MAIDEN NAME)	*State the Disease Causing Death, or, in feaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mildred Laylor  13 BIRTHPLACE OF MOTHER (State or country)  MJ	18 LENGTH OF RESIDENCE (For Flospitals, Institutions, Transferts or Recent Residents)  At place of death yis
(Informant) I of Cospital (Address) Salisbury, Md	Where was disease contracted, if not at place of death?  Former or usual residence
Filed July 6 1930. L. May June Registras  If more blanks are needed, address State Registras	20 UNDERTAKER  20 UNDERTAKER  1 Savenot Bo Sharglown )  16 W. Saratoga St., Balto, Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesnature of the business or industry, and therefore an Spinner, worked on may form part of the second statement. Aever return", Laborer, ""Foreman," "Manager." "Dealen at home, who are engaged in the duties of the work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a gaged in domestic service for wages, as Scruul, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesmon. (b) without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Womnot gainfully em-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cardraspinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid ferer (never report "Typhoid Pneumonia"); the only definite synonym is "Epidemic cerebropneumonia. Bronchopneumonia ("Pneumonia,

> as fracture of skull, and consequences (c. g., sepsis, telanus) may be stated under the head of "contributory." unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be stated unless important. Example: Meusles (disease use of "Tumor" Whooping cough; Chronic Chronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Urnemia, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicids. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) perdonaeum, etc., Carcinona, Sarcoma,, etc., of "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY ," "Weakness," etc., when a definite disease for malignant neoplasms); Measles; valendar heart disease; affection need not be etc. The Nomenclature of the " "Convulsions, contributory

answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the cortificate is If this certificate is looked over thoroughly and all questions

permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
10	Registration Dist. No.
Village or City (No.	St: Ward) If death occurred in
10,000	n hospital or institu- Jon, give its NAME in- tead of street and
2 FULL NAME Still borny	Gaulss, "umber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX   1 COLOR OR RACE   5 SINGLE	16 DATE OF DEATH
Markiely, Wildowship, Or Devokces	(Month) (Day) (Year)
(Write the Word)	17 I HEREBY GERTIFY, That I attended the deceased from
6 DATE OF BIRTH	, 192,
(Month) (Day) (Tent)	that I last saw halive on
7 AGE If LESS than	and that death occurred on the date stated above, at
Att fund I day hrs.	The OAUSE OF DEATH % was as follows:
OCCUPATION win. ?	XIII torn
(a) Trade, profession or particular kind of work.	Monderalu
(b) General nature of industry	(Duration) yrs. mos. de,
business, or establishment in which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) (Duration) mos. da
FATRER Mue Voyalor	(Signed) M. L.
11 BIRTHPLACE OF FATHER	State the Disease Causing Death, or, in deaths from
(State or country)  12 MAIDEN NAME  13 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN	State the Disease Causing Death, or, in deaths from Victoria Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal
of MOTHER why Jonsen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ionts, or Recent Residents) At place
(State or country)	of death yrs,mos da. State,yrs,mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	usual residence.  19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address) A Market	10 3 2
15 0 20 1- hand	20 CNDERTAKER ADDRESS
Filed 19230. K. My MMI	Yarker Chuko Stelrahm (1)
" more blanks are needed, address State Registrar.	16 W. Saratoga St., Palto., Requesting V. S No. 1.

000001

(Approved by U. S. Census and American Public Health Association.)

Whatever vrite Vonc. busine s. then flot may be in the full thur: Firmer (restate occupation at because of this . If resired from or given up on account of the Distant CAULING DIMIN. Housemaid, etc. If the or qualtra has been changed gaged in Tomertic service for ware: ployed, as 11 school or 1t home. Can should be taken work, or At Home, and children, . . ; gainfully omdefinite paterno, may be entered . Howe, it, House household caly (not paid Hounkeyers who receive a en at house. laborer I'm :: laborer Laborer Ceal mine, etc. Womer," etc. without more presidence in ation as Day Never return "Laborer," "I creman." M. nager," "Dealworked on may form par of the cound fatement. Spinner, (3) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or inducity, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Lo o notice cugincer, the first line will be sufficient, e. g. I remor or Planter. tion applie to each and every person, irre-pective of fulness of various pursuits can be known. The quescapation is very important, so that the relative healthtired or was. to report a cifically the occupation Civil engineer, Stationery premen, etc. Statement of Occupation -Procise statement of oc-For many occupation: a simple word or term on specially in industrial employments, it is neceswho are entired in the duties of the For persons who have ne occupation As examples: (a) In his said. Cook, of persons en-Bat material in many

EASE CAULES DEATH (the primary effection with respect to the and example), using all are the came accepted term for the same discrete. Example: Construction fever the only definite syngral is "Epidemic carebro spinal amingitis"): Diphth rate of it as of "from"): Typhcid fever (never report Typhcid pronumenta,"):

Lober preumonia, Bronchop cumonia ("Pneumonia,")

symptomatic), conditions: such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.; Bronchopmoumonia use of "Tumor" siges, peritonarum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as accidental, sticidal, or Homicidal, or State cause for which surgical operation was under diseases resuiting from childbirth or miscarriage as ean be ascertained as the suse. Always qualify all "Uraemia," "Weeknes " to when a definite discase rhage." "Inanition" "Marsumus," "Old Age," "Shock," vulsions," "Debility" ("Congenit "Dropsy," "Ethausticn," "Heart stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid Poisoned by carbolic acid-probably suicide. The natrain accident: Revolver wound of head-homicide; Examples: "Puerperal septiesemie," "Puerperal peritonitis," Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY iccidental drowning; Struck by railway "Atrophy," "Collapse," for malignant neoplasms); Chronic valentar heart discuse; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease failure," "Haemor-"Coma," Measles; (second-"Con-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Village or City Silvan (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCES (Write the word)  6 DATE OF BIRTH  Sept. 23, 155 (Month) (Day) (Year)	16 DATE OF DEATH  Ab 1930  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That Lattended the deceased from 1930 to 2 5, 1930 that I last saw has alive on 2 5 2 192 2
7 AGE  7 AGE  1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) Wicomica Co.  10 NAME OF FATHER MANY Bankey,  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths Iron Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) M.S. Weller V. Melar Mery,  (Address) Oller, Made.  Filed Feb. 27 1930. L. May Turner,  Registrar  If more branks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL  Shad Point Com. Filed, 7, 1932.  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS  AND Salishuy, Md.  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH ed EXACTLY, berly classifled stifficate. Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) that I last saw (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: supplied 8 OCCUPATION te 99 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) O 10 NAME OF (Signed) 0 RENTS Disease Causing Death, or, in HOLL Violent Causes, state (1) Means of Injury (State or country) Accidental, Suicidal or Homicidal. DIS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) occur 13 BIRTHPLACE At place In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death?. houl of Every item CIANS sho statement item usual residence BURIAL OR REMOVAL 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga SV, Balto., Requesting V. S. No. 1.

(Day)

deaths from

....yrs......mos.....

DATE OF BURIAL

and

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) state occupation at beginning of illness. If retired from work, definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Howekcepers who receive a en at home, who are engaged in the duties of the laborer, Foremon, For many occupations a single word or term or especially in industrial employments, it is necesor At Home, and children, not gainfully em-117.8). Form laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia If the occupation has been changed engineer, Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonio, Branchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart etc. Nomenclature The contributory Measles, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

ż

PLACE OF DEATH	STATE OF MARYLAND
County Wick Courses.	CERTIFICATE OF DEATH
(,,,	Registration Dist. No. 333
Village or City Salusland Wal. 13	w. 9 ml. Hoster adout occurred in
11 20 -	tion, give its NAME ir-
2FULL NAME H alen   The	Sea 13 and + resumbly and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED,	16 DATE OF DEATH
Tourse W Siai MIDOWED. OR DIVORCED (Write the word)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
8-28-1911	that I last saw h 2 alive on 30 - 20 - 19230
(Month) . (Day) (Year	and that death occured on the date stated above, at 30 m.
7 AGE If LESS than	The CAUSE OF DEATH * was as follows:
yrs. 2 mos. ds or min.?	Ou de la
8 OCCUPATION	Simual fundament.
(a) Trade, profession or Shut Factory Work	//
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed cr (employer)	Contributory Listin at and 7
9 BIRTHPLACE (State or country)	unter to
I 10 NAME OF	Mos m
FATHER I Roman Lal ay ette Ban	(Signed)
U II BIRTHPLACE OF FATHER	*State the Discase Causing Death, or, in deaths from
Z (State or country)	* t. te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Solition Brunds -	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs
(State or country)	Where was disease contracted.
14 THE ABOVA IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or
(Informative alsertie Banks	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(ABD # 1 Fruttand Mg	Silloam Cem OU. 30, 30
15 Filed Oct 30 1930. D. May Turner	Holloway & Salistry Ma
If more b.anks are needed, address State Registral	r, 16 W. Saratoga St, Balto., Requesting V. S. No. 1.

4 57 My MA

\_3

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," et:.. Physician, Compositor, Architect, Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Furm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material mill; (a) Salesman. -Coul mine, etc. Locomolive engineer, not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "(Exhaustion," "Heart lauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as Astronomy, atic), "Atrophy," "Collapse," "Coma," "Convusious, atic), "Atrophy," "Collapse," "Senile," etc.), "Dropsy," "Debility" ("Congenital," "Senile," "Ilaemorrhage," "Ilaemorrhage," stated unless important. . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomu, Sarcoma, approved by telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUIGIDAL, or HOMIGIDAL, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, Examples: Accidental drowning; Struck by railway train-Inanition, "Marasmus," etc., when a definite disease Uraemia, "Weakness," etc., when a definite disease Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be ass important. Example: *Weasles* (disease Committee on valvular heart etc. The contributory Nomenclature disease; etc., of

If this certificate is looked over thoroughly and all questions ranswered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

WRITE AIM, WITH UNFADING IN N. BEvery Item of Information should be carefully CIANS should state CAUSE CF DEATH in plan	MARGIN RESE	AIN, WITH UNFADING IN	ation should be carefully CAUSE CF DEATH in plan
· man	5, No. 1		. BEvery Item of Informa

PLACE OF DEATH  County, Wicomico	STATE OF MARYLAND CERTIFICATE OF DEATH
Near Mardela Village or City(No	Registration Dist. No
2FULL NAME JULIA BANKS	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEMALE COLORED SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH JUNE 24, 1930 . , 192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 12 , 1857	, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE  73 yrs. 3 mos. 12 ds.   lf LESS that   l day hrs. or min.	The CAUSE OF DEATH * was as follows:  Paralysis, the third stroke, the first clare,
(a) Trade, profession or House work	NO DOCTOR IN ATTANDANCE
(b) General nature of industry	
which employed or (employer)  9 BIRTHPLACE (State or country)  Md a	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Abraham Horsey	(Signed) Jno Wirmstrong Yno I. R. June 26 1920 (Address) Maydela, Md.
OF FATHER  (State or country)  Mid •	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME of Mother Mary Horsey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  Md.	ients or Recent Residents)  At place of deathyrsmosds.  In theyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant) Robert Horsey	Former or usual residence
(Address) Mardela, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MARDELA June 261 30.
Filed June 26 130 /m a Comstrong	20 UNDERTAKER ADDRESS
	We De Gravenor & Bro. Sharptown

(Approved by U. S. Cénsus and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Physician, Foreman, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material -Coal mine, etc. Wom-Locomotive (6) engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated inder the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association State cause for which surgical operation was under-Chronic interstitial nephritis, (Recommendations on Watement of cause of death Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. valvular heart disease; The contributory Always qualify all Measles;

If this certificate is lower thoughty and all questions answered in detail, it with prevent further correspondence. All the data is essential and quest be obtained before the certificate is permanently filed.

Village or City Maulice Re (No.  St. Ward)  Ward It death covered in about the street and southers of inciding the incidin	PLACE OF DEATH	OSSS STATE OF MARYLAND
PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE   5 SINGLE,   16 DATE OF DEATH  3 SEX  COLOR OR RACE   16 DATE OF DEATH  3 SEX  COLOR OR RACE   16 DATE OF DEATH  3 SEX  COLOR OR RACE   16 DATE OF DEATH  4 SEX DATE OF DEATH  COLOR OR RACE   16 DATE OF DEAT	County Mconnea	Registration Dist. No. 83 2
3 SEX  4 COLOR OR RACE S SINGLE: MINIMED OR DIVORCED (Write the word)  6 DATE OF BIRTH  6 DATE OF BIRTH  7. COLORIDA  1 DATE OF BIRTH  1 DATE OF BURIAL  1	1 2 7-12	a hospital or institu- lon, give its NAME in- stend of street and
3 SEX  4 COLOR OR RACE S SINGLE: MINIMED OR DIVORCED (Write the word)  6 DATE OF BIRTH  6 DATE OF BIRTH  7. COLORIDA  1 DATE OF BIRTH  1 DATE OF BURIAL  1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PEAR
MARKEED OR DIVORCED OR DIVORCED OR DIVORCED OWHILE the word)  17 I HEREBY CERTIFY, That I attended the deceased for that I day		A DEATH
TAGE    Social Companies   192,   193,   194	A MARRIED, WIDOWED OR DIVORCED	(Month) (Day), 1936
TAGE    Chord   Chart   Chart	6 DATE OF BIRTH	
and that death occurred on the date stated above, at	Jaw. 1 , 1938	started (All Ind.
day hrs.   day hrs.   The CAUSE OF DEATH & was as follows:	7 AGE	and that death occurred on the date stated above, at
Contributory  Beginning of Manne of Man	Stell Bow I dayhrs.	The CAUSE OF DEATH & was as follows:
particular kind of work.  (b) General nature of industry business, or establishment in ) which employed or (employer)  Description of the minimum of the members of the minimum of the members of the minimum of the min	& OCCUPATION	
business, or establishment in which employed or (employer)		
Description of the secondary    10 NAME OF FATHER   Description   Bacclary   Secondary   S	(b) General nature of industry	
OF BIRTHPLACE (State or country)  10 NAME OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER OF State or country)  11 BIRTHPLACE OF State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Academical  (Address)  M. D.  15 SIRTHPLACE OF MOTHER (State or country)  At place of death yrs. mos. da. In the of death yrs. mos. da.  Where was disease contracted, if not at place of death?  Former or usual residence.  (Address)  Manual Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  Means of Injury: and (2) whether Accidental, Suicidal or Homichial.  At place of death yrs. mos. da.  State, yrs. mos. da.  Where was disease contracted, if not at place of death?  Former or usual residence.  (Address)  Manual Contributory  Secondary  (Signed)  (Address)  Means of Homichial.  Accidental, Suicidal or Homichial.  At place of death yrs. mos. da.  State, yrs. mos. da.  State, yrs. mos. da.  State, yrs. mos. da.  Of death yrs. mos. da.  State, yrs. mos. da.  State, yrs. mos. da.  Of death yrs. mos. da.  State, yrs. mos. da.  Of death yrs. mos. da.  State, yrs. mos. da.  Of death yrs. mos. da.  State, yrs. mos. da.  Of death yrs. mos. da.  State, yrs. mos. da.  Of death yrs.  Application of the michial.  Accidental, Suicidal or Homichial.	which employed or (employer)	(Duration)yrsmosds.
11 BIRTHPLATE OF FATHER OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  M.D.  (Signed)  ——  (State or country)  (Informant)  ——  (Signed)  ——  (State or country)  At place  (Signed)  ——  (State or country)  At place  (Signed)  ——  (State or country)  At place  (Address)  ——  (Address)  ——	9 BIRTHPLACE	
*State or country)  *State or country)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Swicidal or Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Swicidal or Homicidal.  *State or country)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Swicidal or Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Swicidal or Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Swicidal or Homicidal.  *State or country or Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Swicidal or Homicidal.  *State or Country or Homicidal.  *State or	FATHER John I Bacelacs	2) (100   00
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrs. mos. da. State, yrs. mos. da.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 LLACE OF BURIAL OR REMOVAL BATE OF BURIAL  Auttecke Mo. au. 2, 1938  ADDRESS  Registrar  Mount Mullium Mauliumhe	OF FATIFIER  (State or country)  Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
At place of death yrs mos da. State, yrs mos da.  Where was disease contracted, if not at place of death?  (Informant)	of MOTHER Sarah E. Joues	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(Informant) Jahn U. Barclas if not at place of death?  (Address) Naulcoke .  (Address) Marclas if not at place of death?  Former or usual residence.  19 J. LACE OF BURIAL OR REMOVAL DATE OF BURIAL  Marclaske M. Jan. 2, 1930  Filed aw. 1 1929 P. Marford Valle Registrar Mouro Mullicoke  Registrar Mouro Mullicoke  Cantroke	(State or country) m.	At place In the of deathyrsmosda, State,yrsmosda,
(Address) Marther Re , 19 LACE OF BURIAL OR REMOVAL BATE OF BURIAL BILL OF BURIAL OR REMOVAL BATE OF BURIAL BATE O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Filed aw. 1 1929 P. Norford Valle Mouriso Re M. Jan. 2, 1938  Registrar Mouris Author Nauticohe  Registrar Mouris Author Nauticohe	(Informant) John U. Barclas	
Filed aw. 1 1929 P. Marford Valle CONDERTAKER JADDRESS Registrar Mours nutter Paulicohe	(Address) naulicoke ?	19 ILACE OF BURIAL OR REMOVAL   DATE OF BURIAL
Mono Mille Vaulicone	Filed aw. 1 1929 P. Woolford Valler	20 ONDERTAKER JADDRESS
		Mono Mille Naulicope

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated that : Fulpe: (restate occupation at beginning of idness. If retued from additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the DELYSE CALLEY BUNTH, Housemuid, etc. If the occupation has I with huged gaged in domestic service for wages ... Soreant, Cook to report specifically the occupations of persons enployed, as Al school or At home. Care should be taken definite salary), may be entered a Howards, House-neons, or At Home, and children, not winfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer--- Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Bue in many Physician, Compositor, Architect Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, bree-pective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of oc-For many occupations a single word or As ".s...ples: (a) The ques-

EASE CAUSING DEATH (the primary attacles) in the pistasse causing death (the primary attacles) in the peet to time and causation), using alway the same registed term for the same disease. Examples: ("crabbo pinal fever (the only definite synonymi "Topid the excluso spinal meuingitis"); Diphtheria (avoid tree of "troup"): Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee ou quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolle acid-probably suicide. The natrain-ecoident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify a accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERTERAL septicaemia." "FUERTERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the caure. Always qualify all "Uraemin," "Weaknest," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropey." "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Astheuia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unles important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menvulsions." (secondary or intercurrent) affection need not be Whooping of "contributory." FOR VICLENT BLATICS SCATE MEANS OF INJURY "Debility" ("Congonital," "Senile," etc.), cough; Chronic valvular heart discuse; (Rocommendations on state-Example: Meastes (disease "Coma," Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

2

	PLACE OF DEATH	04712 STATE OF MARYLAND
	County W reomico	CERTIFICATE OF DEATH
	000	Registration Dist. No. 333
	Village or City Salisbury (No. 12 76 187)	Meslat St.: B Ward) (If death occurred in
	The second of	a hospital cr institu- tion, give its NAME in- stend of street and
	2FULL NAME LEVENAA 0°	Jarelay number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED,	16 DATE OF DEATH
	7 cale Col. OR DIVORCED (Write the word)	(Mnth)— (Day) (Year)
	6 DATE OF BIRTH . AMERICAN 190	17 I HEREBY CERTIFY, That I attended the deceased from
	Upril 13 1930	that I last saw herealive on 4/15
	7 AGE (Month) (Day) · (Year)	and that death occurred on the date stated above, at 1/2
	It LESS than I dayhrs.	The CAUSE OF DEATH * was as follows:
	B OCCUPATION ds. or min.?	Prynamay
The same	(a) Trade, profession or N. W	
	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) yray mos ds.
	9 BIRTHPLACE (State or country)	Beeppary Hospe of the deling x clienting
	1 10 NAME OF	Tally - (Duration) mos. 2 lab
	FATHER	(Signed) M. D.
	OF FATHER	*State the Disease Causing Death, or, in deaths from
	OF FATHER  (State or country)  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	of MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	At place of death vis nos / les State Lighthing de.
	(State or country)	Where was disease contracted. Wantierly her
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or Manheotie Mel
	(Informant) 7 M. General Hospital	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Salisbury md.	Jesterville Md 4-17, 1930
)	15 Filed apr. 17,1930. G. May Surney	20 UNDERTAKER ADDRESS
	Registra	Mrs well essue Tome winder
1	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (q) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, nature of the business or industry, and therefore an Civil engineer. Physician, Compositor, Architect, Locomotivo engineer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Coak, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH whatever, write None. business, that fact may be indicated thus; Former (re-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) without more precise specification as Duj Stationary fireman, etc. But in many (b) Andomobile fuctory. The material For persons who have no occupation Salesman. -Coal mine, etc. Womnot gainfully em-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrosynnal ferer' (the only definite synonym is "Epidemic cerebros in al meningitis"); Diphtheria (avoid use of "Croup."); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchapneumonia ("Pneumonia")?

inges, perilonaeum, etc., Curcinoma, Sarcama, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (mecondary). (secondary Burdoon use of "Tumor" for malignant neoplasms; unqualified, is indefinite); Tuberculosis of lungs, men-" Exhaustion, Chronic interstitial nephritis, "PUERPERAL septicuenia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death ledanus) may be stated under the head of "contributory." as fracture of skull, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) approved by Committee on Nomenclature "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic and consequences (e. g., sepsis, etc. affection need valendar The contributory heart Measles ; not be discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
County Vo Correct Easters	The Registration Dist. No. 333
1	, , , , , ,
Village or City Talisbury (No. Jubreu	Colo Sanstoniem Ward) (If death occurred in a hospital or institu-
I tus	tion, give its NAME in-
2 FULL NAME Frank W. Bar	cgall number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH / 4 2 2
Male White OR DIVORCED	Septembre 1990
Male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	Hormbu 27, 192 9. 10 feptimber 7, 1030.
May 24, 1884	
(Month) (Day) (Year	that I last saw it many all the on the same same same same same same same sam
7 AGE    If LESS than	and that death occured on the date stated above, at
46 yre. 3 mos. 14 de or min.	
8 OCCUPATION (a) I rade, profession or	Tulmonay assigulation
articular kind of work	
(b) General nature of industry	(Durstion) 9 yrs 6 mos de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
olana	(Duration) yre mos de.
10 NAME OF FATHER FATHER	(Signed) Martes Delenkery D.
PATHER The Daugak	Leftenh 7,190 (Address) Salcobury, M.L.
0	age to the Disease Couring Dooth on in dethe from
W -	Violent Caus s, state (1) Meens of Injury and (2) whather Accidental, Suicidal or Homicidal.
of MOTHER Man trans	18 LENGTH OF RESIDENCE (For licepitale, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)  At place-
OF MOTHER (State or country)	of death yre mos. /ds. Stale yre mosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE	Where was disease contracted, Bultiman, MA
10/ 1 10- F	Former or Soo Storn They
(Informante Marche a Villegery	19 PLACE OF BURIAL OF SENOVAL DATE OF BURIAL
(Address) Carpen Shar No Jan	7 11 17 000
(Address)	20 UNDERTAKER ADDRESS
Filed ept 7 1930. L. May June	Stephen Tinkowski 1000 D. Kenwood
Registre	
If mora blanks are nasded, addrosa State Registr	ar, 16 W. Saratoga St., Belto., Requesting V. Sr. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er,' etc., William Laborer, Laborerstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housecn at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons household only (not paid Housekeepers who receive a Never return 'Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day -Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

"Uruemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrlage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin: "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suncide. The nature of the injury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping cough; approved as fracture of skull, and consequences (e. g., sepsis Examples: Aecidental drowning; Struck by railway train-American Medical Association.) death), 29 ds.; Bronehopneumonia (secondary), interstitial nephritis, by Committee on Nomenclature of the Chronic etc. The contributory

If this certificate is looked over thoroughly and all questions angwered in detail, it will prevent further correspondence. A it he duta is essent all and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The (6) material Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicuemia," "Puerperal perulonitis," etc. "(Exhaustion," "Heart failure," "Haemorrnage, "Shock," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicid; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. Then ture of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County / Corruco	CERTIFICATE OF DEATH
with some face pairs po	Registration Dist. No. 333
Village or City alestury (No. 160 Snor	- HUNG, St.: Ward) (If death occurred in
2FULL NAME Sadie	Delta stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White (Write Air word)	16 DATE OF DEATH #4 / 9 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Aug 3, 1865	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw har alive on 1923,
7 AGE	
64 yrs. 6 mos. 6 ds. or min.	
8 OCCUPATION	The same of the same
(a) Trade, profession or particular kind of work	***************************************
(b) General nature of industry	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
business, or establishment in	(Duration)ds.
which employed or (employer)	Contributory Auchiconon
9 BIRTHPLACE (State or country) Samuelstown for	Secondary (Duration) yrs
10 NAME OF John Meaver	(Signed) Olica y Fully M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME Wat 1	Accidental, Suicidal or Homicidal.
of MOTHER Mal Known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place of death
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1 1 1 1 1 1 1 1 2 cers S	Former or usual residence
(Informant) / O Snow Hill Ry.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR THE 121, 1020
Filed Feb. 2/ 1920. & May Janush Registrar	The Hill of the Salishard me
If more branks are needed, address State Registr	ar, 16 W. Saratoga St., Bello. Requesting V. S. No. 1.

0000

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condicough; by Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH

(Approved by U. S. Census εnd American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more Previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quest Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The material single word or term on As examples: (a)

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "E.haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

ďΩ

N. B.

Exact

Vil	llage or City	LL NAME			No	<del></del>
	PERSON	NAL AND	STATISTI	CAL F	ARTICL	ILARS
	male	4 COLOR		OR D	RIED, OWED. OVORCED the word	
6 1	DATE OF BIR	TH S	Till			1938
7 /	AGE	,	(Month)	y	(Day)	(Year)  If LESS than I dayhrs.
( p	a) Trade, proarticular kin	ofession or d of work	lustry	mos.	ds.	or min.?
( p	a) Trade, properticular kinds of the control of the	ofession or d of work ature of ind stablishment ed or (emple	lustry t in	mos.	_ds.	ormin.?
( p	a) Trade, pro articular kind b) General no usiness, or ex which employ	ofession or d of work ature of ind stablishment ed or (emplo	lustry t in	Qes		
( p ( p ( b ( b ( b ( b ( b ( b ( b ( b	a) Trade, properties and an articular kinds b) General nousiness, or earthich employed (State or control of the	ofession or d of work ature of ind stablishment ed or (emplo antry)  F Rula	lustry t in oyer)		mit	
ARENTS A q() d()	a) Trade, proarticular kinds) General n. usiness, or exhich employed (State or continued or continued to the continued of the	ofession or d of work ature of ind stablishment ed or (emploantry)  F Rula  AGE ER  country)  2	dustry t in oyer)	me	init	
ARENTS A q() d()	a) Trade, proarticular kin b) General n. usiness, or exhich employed and the control of the cont	ofession or d of work ature of ind stablishment ed or (emploantry)  F Rula  ACE ER COUNTRY)  NAME LER  ACE	dustry t in pyer)  wol L  Vicco	I ge	init	
PARENTS 6	a) Trade, proarticular kinb) General nusiness, or ewhich employed (State or continued of FATHER 11 BIRTHPL OF FATH (State or CF MOTH OF MOTH (State or CF MOTH ABOVE 1	ofession or d of work ature of ind stablishment ed or (employentry)  F Rula  ACE ER COUNTRY)  NAME LER LER COUNTRY)	dustry t in poyer)  Model  Mico  Len  Vico  THE BEST	Ju Ju OF MY	co lluí KNOWLI	

05954

### STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration D	Pist. No. 33-/
St.: Ward)	(If death occurred in a hospital or institu-

street and

stead number.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May	28 , 1932
(Month)	attended the deceased from
192,, to	, 192,
at I last saw halive on	, 192,
nd that death occurred on the date stone CAUSE OF DEATH * was as follows	
Still birile	
(Duration)	yrs, mos ds,
ContributorySecondary	**************************************
N. le Corrai	yrsds.
(Duration)  May 29 1930 (Address)	ebor.
State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
LENGTH OF RESIDENCE (For He	spitals, Institutions, Trans-
place In deathyrsmosds.	the State,ds.
here was disease contracted, not at place of death?	
rmer or ual residence	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mardela	May 28, 19
UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, the first line will be sufficient, e.g., Farmer or Planter age. For many occupations a single word or term on tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who rcceive a Civil engineer, ," etc., especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many For persons who have no occupation Salcsman, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid approved by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY "Weakness, cough; Committee on Chronic ", etc., when a definite disease Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
	92 Registration Dist. No. 335
Village or City Sharp towns.  2FULL NAME Seistine 6, 10	St.: Ward)  St.: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male/ Harte Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 2/ , 1920 (Month) (Day) (Year)
6 DATE OF BIRTH  Mlef (Day), 1876  (Year)	17 I HEREBY CERTIFY, That I arrended the deceased from 1922 to Sept 20, 192  that I last saw h My silve on Sept 20, 1930
7 AGE  SAyrs. 2 mos. 2 ds. or min.?	
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion)
10 NAME OF Balathiel M. Benned	1923 1950 (Address) Kauptron lus
OF FATHER (State or country)  12 MAIDEN NAME (1	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MARY MARSHE  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents)  At place of death yrs ds. State yrs mos ds.  Where was disease contracted,
(Informant) Tellie 4. Jennett	if not at place of death?  Former or usual residence
(Address) Sharp town, mi	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LIFE 13, 192 CADDRESS
Filed Lept. 23 1930 Mary 6. Man Registrar	1. D. Fravenostho Sharptow
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Course of Beath	02032 STATE OF MARYLAND
Sur de la	CERTIFICATE OF DEATH  Registration Dist, No. 33
Village or City / Cary Council No. 2FULL NAME Server 7. 3	St.: Ward) (If death occurred a hospital or institution, give its NAME i stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mald White Single, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR WITH the word)	16 DATE OF DEATH  JEL 8, 1982  (Month) (Day) (Year).
6 DATE OF BIRTH  Seft 2, 1853  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1918, to 7, set 1918  that last saw h Malive on 1978
7 AGE  (Month) (Day) (Year)  (If LESS than I day hrs or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Chromo Myocardus  (Duration) yrs. mos.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  yrs
10 NAME OF FATHER ANNEX DENNELL	(Signed) A la Comana M.
OF FATHER CState or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CLUZ about Hyavered 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrsmos
(Informant) Mand D. Dennell	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Mardela. Md	19 PLACE OF BURISL OR REMOVAL PATE OF BURIAL TES 10, 193
Filed It 40 1923 O Million Registrar	I. J. Svavenorths. Shaplown
If more blanks are needed, addrs.s State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesto report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engincer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, cupation is very important, so that the relative health-" etc., without more precise specification as Day Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. Compositor, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "(Exhaustion," "Heart failure, Liaemorinage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not contained unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	CORD /	KACTLY, PHYSI- classified. Exact
BINDING	WITH UNFADING INKTHIS IS A PERMANENT CORD	HOUSE OF DEATH In plain torms so that it may be properly classified. Exact
MARGIN RESERVED FOR BINDING	NG INKTHIS IS	refully supplied AC
MARGIN	WITH UNFADIN	TON Should be ca

1PLACE OF DEATH

O TO		1. Lend Horastel 13 Ward (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	2 FULL NAME Miss. Mary Ruth	Ocean View, Nela
5	PERSONAL , ND STATISTICAL PARTIQUEARS	MEDICAL CERTIFICATE OF DEATH
ack of	Tende While (Write the word)	16 DATE OF DEATH 1936 (Nonth) (Day) (Year)
uns on t	Jeb. 10 1913  (Wonth) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from Alle, 26, 1930 to Alle, 29, 1920, that I last saw h & alive on Alle, 28, 1920,
110	7 AGE (Schen) (Bay) (Tear	and that death occurred on the date stated above, at
netra	17 yrs. 10 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows: Sheels: due
200	a) Trade, profession or sparticular kind of work	to outs occident. Curs. R.
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
odul	9 BIRTHPLACE (State or country) Relaware	Contributory Secondary  (Duration) O yrs mos de.
very	FATHER Mr. Joace L. Bennett	(Signed) M. D. M. D. M. D. (Address) Selection Services
S NO	OF FATHER (State or country) Allaware.	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
4	of MOTHER Mary Pruit	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
סככת	OF MOTHER (State or country) Maryland.	At place of death yrs mos. 3 ds. In the State yrs mos. 3 ds.  Where was disease contracted, 19
101	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
men	(Informant) Sen. Gent Hoopilal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
state	(Address) Salisbury Mil.	Bethef Ometry form 1. 1931.
4)	Filed Dec 29 19230. J. May Jumes	Halloway Y to Salybury Ma
	If more b.anks are needed, addross State Registrar,	, 15 W. Saratoga St., Polto, Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 333

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Housemuid, etc. etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm loborer, At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer--Coal mine, etc. Locomolive engineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis earbolic acid-probably surcide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee on Chronic valvular heart etc. The contributory Nomenclature Always qualify all discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

MAF	NLY WITH UN	ion should
	PNIX	f informa
V. S. No. 1	WRITE F	N. B Every item of information should

County Wicomico	CERTIFICATE OF DEATH
The state of the s	Registration Dist. No.1373
Tillage or City Salisbury md (No. Pen.	Yen. Hospital St.: 13 Ward) (If death occurred in a hospital or institution, give its NAME in stend of street an
(Slite & horney Baly Boy Benso	m, 138 Sergia ave number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single MARRIED, surgle Widowed.  OR DIVORCED (Rytte the word)	16 DATE OF DEATH / 7
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Alexamber 8, 1930 (Month) (Day) (Year	192 to , 192
7 AGE   If LESS than   day hrs.	The CAPSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work	They James
(b) General nature of industry business, or establishment in which employeder (employer)	Contributory Works Contributory
State or country) Marylan.	Secondary  Secondary  Mosd
10 NAME OF FATHER J. Lee Benson	(Signed) M. I
OF FATHER (State or country)  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal er Homicidal.
OF MOTHER Llorothy Cliver	18 LENGTH OF RESIDENCE (For Pospitals, Institutions, Tran- lents or Recent Residents)  At place In the
OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yis mos ds. State yrs mos d  Where was disease contracted, if not at place of death?
- 4-0	Former or usual residence
(Informant) Pers. Gen. Hen Hornsold (Address) Salisbury and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Parsons lem. Dust., 173.
Filed Dec 8 1930. V. May Turner	20 UNDERTAKER Jolloway & to Salishing &
	r, 16 W. Saratoga St., Balo., Requesting V. S. No. 1.

15335

STATE OF MARYLAND CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write Nonc. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, At Home, and children, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. Locomotive engineer, not gainfully em-(6) Grocery; Wom-(re-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros panal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucunonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, inges, perilonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease valeular heart disease; etc. The contributory Nomenclature not be etc., of

If this certificate is looked over thoroughly and all questions are yorled in defail, it will prevent further correspondence. All the dup is essential and must be obtained before the certificate is permanently filed.

Z

PLACE OF DEATH County Kicouries  Village or City Solisbury Mrs. Jan.  2FULL NAME Chrinthia Be	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333  Sew. Norfo tell Bward (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH  Ougust 24 , 1936  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw li alive on 1923
7 AGE   If LESS than   I day hrs.   hrs.   ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Land 10 NAME OF FATHER George Corbin	(Signed) (Address) (Address)
11 BIRTHPLACE OF FATHER Z (State or country) W 12 MAIDEN NAME OF MOTHER Mary Cameou	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Pospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yis mos. ds. ln the yis mos. ds.  Where was disease contracted, if not at place of death?  Former or
(Address) Trucers Chul Md	19 Phace of Burial or REMOVAL DATE OF BURIAL  Vest Jost Office Ms. Aug 28 1930.  20 UNDERTAKER ADDRESS
Filed My 20 19230. V. May Jumes Registrar	James & Denni Thincess (4

### REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, Physician, Compasitor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Catton mill; (a) Salesman. (b) Groccry; mun, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death-Name, first, the DISspinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect ed term for the same disease. Examples: Cerebros pinal Spinal meningitis); Deputation as of Croup),
Typhoid fever (never report "Typhoid Pheumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia") (the only definite synonym is "Epidemic cerebro-

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertetanus) may be stated under the head of "contributory." carbalic acid-probably suncide. The nature of the injury, accident; Revalver wound of head-homicide; Poisoned by approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic and consequences (e. g., scpsis, valvulur heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, 5 (irocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: (\*erchrospinal fever 'the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Exhaustion," "Heart name," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL \*\*epticaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Branchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomencluture letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The n ture of the injury, accident; Revalver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.—Every Item of the state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD PERMANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A WRITE V. S. No. 1

PLACE OF DEATH -	STATE OF MARYLAND
County // Panelo	CERTIFICATE OF DEATH
	222
P P	Registration Dist. No.
Village or City Jale lang (No Inches	a 4 Total St.: 3 Ward) a hospital or institu-
I Same Paraga En 12	tion, give its NAME in-
2FULL NAME / NOW CON JONE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH 2 21
WIDOWED. OR DIVORCED	3 - 1, 1990
Male (Write the word)	(Month) (Day) (Year)
Age O C.	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	
(Month) (Day) (Year)  7 AGE [If LESS than	that I last saw halive on, 192,
I day hrs	
Jb yra ds. or min.	
8 OCCUPATION (a) Trade, profession or	Hebren Road - Head coursed-death
particular kind of work sales led	simulation outoby manging
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Durstion) yrs mos ds.
FATHER MA 12 Ph.	(Signed) S. 7/4 while Comes M.D.
o 11 BIRTHPLACE	march 11 192 (Address) Sulusty mod
OF FATHER  Z (State or county)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAMED	Accidental, Suicidal or Homicidal.
of Mother Marlena Grallen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place Not a raturitithethe Hospital
(State or Country)	of death yre mos de. State yre make ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Marin Buchlead	Former or usual residence
(morman) Julian Variable	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ylder Dun Juga	Riphawalking and Marie, 1930
15 Filed Mah 1/ 1930. Vr May Transcer	20 UN DERTAKER ADDRESS
Registrar	FAISternant Salinling
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a ,,, etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Str:ement of Cause of Death—Name, first, the DISEA.: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-Whooping American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Miconics	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Jaluling (No. Paraul	St.: 3 Ward) a hospital or institute
2 FULL NAME Inft of Mary	Blath a hospital or institu- tien, give its NAME 11- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male a. a. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH 3 /7., 150
6 DATE OF BIRTH	17 FEREBY CERTIFY, That I attended the decessed from
(Month) 14 , 19 30 (Year)	that I last sew halive on, 19236,
7 AGE [If LESS than	
l day hrs.	The CAUSE OF DEATH * was as fellows:
yrsds. ormin.?	
(a) Trade, profession or particular kind of work	Muralino Volta
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Duration)da,
9 BIRTHPLACE	Contributory
(State or country)	Durton A Domes de
10 NAME OF	(c. )
FATHER Ged authorise	(Signed) M. D.
OF FATHER	199 1991 (Address of Andress of A
Z (State or country)	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Black	18 LUNGTH OF RUSIDENCE (For Hespitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Md	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
(Informant) Get Tawnsend	Fermer er usual residence
(Address) Hruttand and	Public Gen md mde 19, 19.30
15 M. 1 16 20 Vin 70. 01	29 UN DERTAKER ADDRESS
Filed/WChan 19 1900. It May Jumala Registral	Howart Saleslingra
If more blanks are needed, addre.s Ltate Negistral	r, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

02276

Bulloon o

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (6) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

can be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or miscarriage as "(E:haustion," "Heart Imure, "Accuration," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-(secondar, Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewise, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) man, (b) Automobile factory. The For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery, The quesmaterial

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND -
County Wicomico	04713 CERTIFICATE OF DEATH
	(29) Registration Dist. No. 333
	St.: 9 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2 FULL NAME Benjamin F. To	Booth stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the both wered	16 DATE OF DEATH April 2 , 1930 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mar 16, 1872	19 <b>24</b> . to 7, 19 <b>2</b>
(Month) (Day) (Year)	that I last saw h alive on, 1997
Syrs. O mos. 16 ds. or min.?	and that death occurred on the date stated above, at 5:30 # m The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Chrom Miplants
particular kind of work Machinist	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos de
which employed or (employer)	Contributory
(State or country)	Secondary
10 NAME OF	Durging Tommes.
FATHERBenjamin J. Booth	(Signed) 4 / 1984 (Address) Dules for Ton
OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country) Md.	Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Martha White	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Md.	of deathyrsmosds. Stateyrsmosd
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Nettie Booth	Former or usual residence
(Address) Salisbury, Md	Parsons Cemetras Cloril 4, 1930
Filed apr. 4. 1930. L. May Jumer	The Hill & Johnson Co Salishur
If more banks are needed, address State Registrat	r, 16 W. Saratoga St., Barto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

PLACE OF DEATH County WACOMMAN	STATE OF MARYLAND CERTIFICATE OF DEATH
County of the state of the stat	Registration Dist. No. 333
Village or City Salashary (No	Jarry MSt.: 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White Single, MARRIED, Single Willowed, Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
9 DATE OF BIRTH  Act. 14, 192  (Month) (Day) (Yes	that I last saw h alive on 1930
9 yrs. 1 mos. 25 ds. or m	hrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Particular kind of work	Odhards puncha
(b) General nature of industry business, or establishment in which employed or (employer)	Q (Durgion) yre
9 BIRTHPLACE (State or country) Salishan Md.	Contributory Secondary  (Dufation) A Imos de.
10 NAME OF FATHER Franklik Booth	(Signed) M. D.
OF FATHER (State or country) Manyland.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER & the Budd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mandand.	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Franklin Broth	Former or usual residence
(Address) Salishung, Jud.	Garsona Cemetery april 12. 1936
Filed apr. 12 19230. Of May Tunes Registrar	The I de forest of succession for
If more hanks are needed, addre a State Regi	strar. 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more process. Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a Compositor, Architect, Locomotive engineer, single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," " "Weakness," etc., when a definite disease Chronic valvular heart disease; nephrilis, etc. The contributory ," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARTLAND
County Muonus	CERTIFICATE OF DEATH
Military manager of the control of t	Registration Dist. No. 323
Village or City Salishury (No. 378 C.	Hillians St.: 5 Ward) (If death occurred in
Village or City (No.)	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Hilliam C.	Books stead of streat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Thile Single, Married, Widoweb. OR DIVORCED (Write the word)	16 DATE OF DEATH Sec. 31, 1920.  (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That attended the deceased from
July 11 1867	452G 29 1930. to Dec 31 , 1920
(Month (Day) (Year)	that I last saw her alive on 100 c 3/ 1980,
7 AGE [If LESS than	and that death occurred on the date stated above, at 1.5 Am.
63 yrs. 5 mos. 10 ds. or min.	The CAUSE OF DEATH * was as follows:
	Con la Colombia Con la company
(a) Trade, profession of Building Contractor	b curiax acquired a
(b) General nature of industry business, or establishment in	(Duration) yrs dos de.
which employed or (employer)	
9 BIRTHPLACE (State or country) Maules	Contributory Secondary (Duraton) yrs mos ds.
10 NAME OF A	(Signed) X My CV gell M.D.
FATHER Benjamen 1: 1300h	De 4 31 1920 (Address) Palislung
of Father	*State the Disease Causing Death, or, in deaths from
Z (State or country) Maufland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Markla While	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) C. Hillen Best	usual residence
(Address) Salishury Md.	ausas Cenebry, Lakikuy 1/1/3/19
15 Filed Jan 2 1931. V. May Junes	The Wille Harry Co. Salishuey M.
If more bianka are needed, addrass Stata Registra	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

15207

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative healthtircd 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISPEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral feer (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tclanus) may be stated under the head of "contributory." stated unless important. approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacnia," "PUERPERAL peritonitis," "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	ORIG	d EXACTLY, PHYSI- orly classified. Exact tificate.
MARGIN RESERVED FOR BINDING	WRITE F INI WITH UNFADING INK-THIS IS A PERM-NENT I CORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1PLACE OF DEATH	9733 STATE OF MARYLAND
County Wicource	CERTIFICATE OF DEATH Registration Dist. No. 333
Village or City M Allen (No.	St.: Ward) (If death occurred in a hospitel or institu-
2FULL NAME Still boury	Bound, number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Aug 31, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH  Aug 31, 1930  (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
vrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work	Still form
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos de.
9 BIRTHPLACE (State or country) Maryland	Centributory Secondary  (Duration)  yrs mos ds.
10 NAME OF Jesse Edward Borny	(Signed) & May hours M.D.
OF FATHER  (State or country) Maryland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Stalla May Knight	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manyland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
les tie Cotterne	Former or usual residence
(Address) Eden P. F. D. #2.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nouse premises Aug 3/1930
15 Filed Sept 13 1930, Jr. May Survey Registrar	Jesse dward Bounds Eden, P.F.
If more bianks are needed, address State Registra	/16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia. (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

DURYAU

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

HYSI- Exact	PLACE OF DEATH, County Of Manuer	15398 STATE OF MARYLAND CERTIFICATE OF DEATH
9.0	County J. J. County J. J. County J. J. County J. J. County J. Coun	Registration Dist. No. 330
CORD ted EXACTLY ciperly classificate.	Village or City Mardela Spinnings 2FULL NAME Clara C. Bous	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANENT be sta y be pro	3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED. MAURICO  WIDOWED WIDOWCOM  OR DIVORCED  (Write the word)	16 DATE OF DEATH DOC 6, 19230
A PERMA CE shot hat it may	6 DATE OF BIRTH  Tells, 16, 1850  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1920. to Ole, 6, 1920, that I last saw h Laive on Dec. 6, 19232,
HIS IS A	7 AGE  80 yrs. 9 mos. 20 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH * was as follows:
See	(a) Trade, profession or particular kind of work at L sme	0
NG IN arefully In plail	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
FADI be ce EATH impo	9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary  (Duration)mosde.
H UN hould of D	11 BIRTHPLACE Translellin Wilson.	(Signed) Per M. D.  Dee 193 U(Address) Selection
WIT ation s CAUSE	OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)  Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AINI V Information state CCUPA	of MOTHER  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place In the State yrs mos ds.
0 E 0	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ITE sem sho	(Informant) Carl W. Bounds	Former or usual residence
WR Every it CIANS stateme	(Address) Philadelphia	Church Yard Mardela Dec. 9. 1030
m 1	Filed DEC - 9 1930 192 Whatevar	The Hill & Johnson Co. Salisbury my
Z	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken loborer, Form laborer, Loborer—Cool mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never rcturn "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

Capproved by Committee on inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus, Olu Age, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, Whooping Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular Nomenclature Always qualify all heart Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE P NI WITH UNFADING INK --- THIS IS A PER VENT MARGIN RESERVED FOR BINDING 4. S. No. 1

PLACE OF DEATH	STATE OF MARTEAND
County Micesall 8	CERTIFICATE OF DEATH
	74-a Registration Dist. No. 33 3
Me 300	7
Village or City Mey Colons	St.: / Ward) (If death occurred in a hospital or institu-
2FULL NAME FALLER BO	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	
Mule Miet Moved. Market	(Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
Munol 16 188	June 9 1920, to Jane 20, 1920 C
(Month) (Day) (Year)	that I last saw h Malive on The A. J. 192
7 AGE	and that death occured on the date stated above, at
42 3 9 I dayhrs.	
mos. ds. or min.?	Challed Hersellalle
(a) Trade, profession or	
particular kind of work  (b) General nature of industry	A solution of
business, or establishment in	Municipals Duration S. vis. mos de
which employed or (employer)	Contributory
BIRTHPLACE (State or country)	Secondary
1 10 NAME OF	(Duration) yrs nosds
FATHER James Bounds	(Signed) M. D
M II BIRTHPLACE	(Address) J. J. Land Joy Miles
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Jurginia malone	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or country)	Where was disease contracted, if not at place of death?
THE ANDRE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informations / Myrlle de, Bound	usual residence.
(Address) Solen Incl. B # 2	Allen Cometer and June 37, 1930
15 Filed June 2/1930. J. May Junes	20 UNDERTAKER ADDRESS
Registrai	The Hill of Johnson Co. Dalistry n
If more branks are needed, address State Registrat	r, 16 W. Saratoga St. Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rc. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, ('wok, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day Never return 'Laborer," "Foreman," "Manager," "l'ealworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womspecifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Locomotive engineer, Grovery;

Statement of Cause of Death—Name, first, the DIS-FAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); obar pneumonia. Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Corea," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) inges, perilonaeum, etc., Carcinoma, Sarconu., etc., of ..... (name origin; "Cancer" is less definite : avoid use of "Tumor" for malignant neeplasms); Maasles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," Chronic interstitial nephritis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of telunus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsas, curbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisswed by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

		DOT
	-	op
	Z	p p
5	E.	be
=	1	300
닐	R	n th
8	PE	5 = 0
MARGIN RESERVED FOR BINDING	4	SE nat
O	S	A # #
II.	-	re so
Ω	IIS	ile ns nst
E	H	pp
K	J	Su t
日日	Z	> 0
Ш	(3	fui
IL	Z	er T
Z	D	S H
O	FA	EA
A	Z	BUT
$\mathbf{\Sigma}$	7	D F S
	H	S. E.
	MI	US
		TOT
	3	POP
	Z	for
		L 00
	WRITE LINY WITH UNFADING INK-THIS IS A PERMANENT	of uid
	ш	F 0 t
	ZII	s
	W	NS
		A
i i	1	m O m
4		Ö
1 001 62 .	-	N. BEvery item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be proper statement of OCCUPATION is very importants. See instructions on back of certifications.
		19

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
1	County Liconics	CERTIFICATE OF DEATH
$/ \parallel$	ertur convents there of	Registration Dist. No. 333
	Village or City Salisbury (No. 199	St.: 5 Ward) a hospital or institu-
		tion, give its NAME in- stead of street and
	2 FULL NAME John Sterry Doce	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	Male Jelie Single, MARRIED, Widower.  OR DIVORCED (Write the word)	16 DATE OF DEATH  April 71, 1930,  (Month), (Day), (Year)
2	6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
	aug. 16 1847.	1930 to Mpn 21, 19250
5	(Month) (Day) (Year)	that I last saw halive on 1920,
	7 AGE	and that death occurred on the date stated above, at 5.307 L.m.
	91 yrs. 8 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
	OCCUPATION A	The state of the s
N	(a) Trade, profession or Califed James	5
1	(b) General nature of industry business, or establishment in	Valrater Heart Arm
3	which employed or (employer)	Juration) Tree mos and a second
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF SI	(Duryhan) mosda,
D	FATHER filliam Bounds	(Signed) M. D.
0	OF FATHER MA	State the Disease Causing Death or in deaths from
	OF FATHER (State or country)  Maryland  12 MAIDEN NAME  OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Jane Banks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE / MM	At place In the
	(State or Country) Muyland	of death
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mrs. Leler Bounds,	usual residence
	(Address) Salisbury, M.J.	Silvan MA H/73/399
5	15 Filed apr 23,30. D. May Lune	20 UNDERTAKER Salishung M.S.
	If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Cons Sandone Registration Dist. No. (If death occurred in a hospitul er institu-Village or City tion, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH WIDOWED. Marrie OR DIVORCED (Month) Write the word) 6 DATE OF BIRTH (Day) and that death occured on the date stated above, at (c. If LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE England (State or country) 10 NAME OF FATHER Muss 16 1920 (Address) .... 11 BIRTHPLACE \*St.te the Discase Causing Death, or, In deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER Z (State or country) 18 LENGTH OF RESIDENCE (For hospitule, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE OF MOTHER (State or country) Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TR usual residence. (Informant) If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health er," etc., worked on may form part of the second statement. Acver return 'Laborer," "Forcman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housetired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of .....(name origin: "Cancer" is less definite; avoid "(Exhaustion," "Heart Injure,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"(Uruemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomstited unless important. use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sersis, telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaconia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. approved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory valentar heart disease; Always qualify all Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. In the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE show the stated EXACTLY, PHYSI-CIAN'S should state CAUSE CF DEATH in plain terms so that it may be proposly classified. Exact statement of OCCUPATION is very important. See instructions on back of certifibate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE S No. 1

>

	PLACE OF DEATH	0000	STATE OF MARYLAND
	County Willemico	08.50	CERTIFICATE OF DEATH
		(44)	Registration Dist. No. 337.
	Village or City Bivalue (No.	A I	St: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and
	2FULL NAME DELLEGED TO	Druels	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. WIDOWED. WIDOWED (Write the word)	16 DATE OF DEATH	Jan / 4 , 1923 d., (Month) (Day) (Year)
	6 DATE OF BIRTH  (Month)  (Day)  (Year)	To lor	CERTIFY, That Lattended the deceased from
	7 AGE If LESS than I day hrs. or min.?	and that death occur The CAUSE OF DEA	rred on the date stated above, at 57 Am.
	(a) Trade, profession or farmer particular kind of work	Carci	none of Torrack
Tall I	(b) General nature of industry business, or establishment in which employed or (employer)		(Duration)yrs mosds.
	9 BIRTHPLACE (State or country)	Contributory Secondary	(Dutation) 2ds,
104	10 NAME OF FATHER JUM. Brailly	(Signed) (192)	Middle Sulle M. D.
	OF FATHER  (State or country)  12 Molben Name	Violent Causes, s Accidental, Suicidal	viscase Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal.
	of MOTHER Manyaret Corruges	in LENGTH OF RE	SIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	tracted
14	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des	1 h?
	(Informant) allow Dynadley	19 PLACE OF BURIA	
1210	(Address) Agualrell	Biras	weelly 1-17, 1930
0	Filed au 141930 P. Nolford Walter Registras	Mules 1	ssick & Some BiralvarMe
	If more banks are needed, addre.s Ltate Registrar	r, 16 W. Saratoga St.,	Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesage. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planler, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, (b) Automobile factory. The material (b) Cotton mill; (a) Salesman. For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

approved by Committee on Nomenclature "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was underst\_ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-" "Marasmus, " "Old Age, or intercurrent) affection need Chronic etc. The contributory valvular heart "Shock," disease; Measles; not be etc. , 01

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN

(Approved by U. S. Census and American Public Health Association.)

f thess of various pursuits can be known. The questired 6 yrs). en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Collon mill; (a) should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter. capation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, As examples : (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Piphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

"('Exhaustion,'" "Heart range, "Old Age," "Shock," "Iranition," "Marasmus," "Old Age," "Shock," "Always qualify all stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory". "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial incphritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The n-ture of the injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases (secondary accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as or intercurrent) affection need valvular heart etc. The contributory Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. In the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

BLACE OF DEATH	10782STATE OF MARYLAND
County Theorico	CERTIFICATE OF DEATH
John John	Gransons Home Registration Dist. No. 333
Village or City Falishury (No	St.: 9 Ward) (If death occurred in a heapital or institu-
2FULL NAME Causa J. Bus	St.: 9 Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	that I last saw halive on the saw halive of the saw halive on the saw halive on the saw halive of the saw halive on the saw halive of the saw halive on the saw halive of the
/(Month) (Day) (Year	
Cal lday l	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or mi	n.? Willias alluo-Salino
(a) Trade, profession or particular kind of work	440 14 11 11 11 11 11 11 11 11 11 11 11 11
(b) General nature of industry business, or establishment in	- Inches
which employed or (employer)	(Durstion) More mos. de.
9 BIRTHPLACE (State or country) Lensa	Contributory Secondary (Duration) yes mos de.
10 NAME OF PATHER AND	(Signed)
11 BIRTHPLAGE NO	- Sefes 4 1920 (Address) Juliony hus
OF FATHER (State or country) Mayland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many alexans	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Muyland	At place / yrs. mos. ds. in the State / mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, falling if not at place of death?
6. Gos Du de Aules as	Former or usual residence. Full they mul
(Informant) (Address) Suiller of Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Sept 6 1930. J. May June	The Will Hour Co. Falishung M.
If more hunks are needed, address State Regis	trar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (nestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of r," etc., especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal minc, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia")

stated unless important. Example: Measles (disease ". ('Inanition,' ". 'Marasmus,' ". "Old Age,' ". "Shock,' ". "Uraemia,' ". "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

Λ.

		OF DEATH			12775	STATE OF MARYLAND CERTIFICATE OF DEATH
	County	sum na	0	5	(3)	Registration Dist. No. 333
are.	Village or City	Jalis Du	belleyyn	120	H. Pine P.	Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and
TILLO	Sucretion.	NAME 500	m som	Dung.	au - 13 %	Well Med. number.)
Co	PERSONA	AL AND STATISTIC		ARS	MEDIC	CAL CERTIFICATE OF DUATH
CK OT	3 SEX	4 COLOR OR RACE	WIDOWED, OR DIVORCED	ingle	16 DATE OF DEATH	(Nionth) (Day) (Year)
pa	6 DATE OF BIRT		(Write the word)		17 I HEREB	Y CERTIFY, That I attended the decased from
o	6 DATE OF BIRT	10.	2-	000	10-53-	1980, 10 -23-, 1980
lons		(Month)	(Day)	(Year	that I last saw h	
not	7 AGE			If LESS than		ared on the date stated above, atm.
ıstr		0 yrs. 0	mos. de	or min.?	The CAUSE OF DEA	TH * was as follows:
0	a) Trade, pro	fession or			1/1/10	Mount
တို		of work	••••••			
=	(b) General nat	ture of industry				(D
tr /		der (employer)				(Duration) yrs.,, mos., ds.
mporta	9 BIRTHPLACE (State or cour	ntry) \\			Contributory . Secondary	(0.16)
, Y	1 10 NAME OF	- 7/4				(Duration) re. mge de.
Ver	FATHER	t naulis you	al Britis	malan	(Signed)	M. D.
00	OF FATHE					Discose Causing Death or h deaths from
0	Z (State or				Violent Caus s, Accidental, Suicidal	Disease Causing Death, or, the deaths from state (†) Means of Injury and (2) whether Jor Homicidal.
PAT	Y 12 MAIDEN		Down	بمند		ESIDENCE (For Hospitals, Institutions, Trans-
CCDI	13 BIRTHPL	1.	0		At place	In the
00	OF MOTH	7/	Lol.		of death yrs	
of	14 THE ABOVE I	S TRUE TO THE BEST	OF MY KNOWL	.EDGE	if not at place of de	ath?
nt	1 1	Pan xyen	il His	nital	Former or asual residence	3
tement	(Informant)	ess) Salist	un, M	d.	19 PLACE OF BURI	POSCERETE O BATE OF BURIAL Del 25:30
sta	15 Filed Oc	1-25-19230.	May.	humes Registras	20 UNDERTAKER Trancis	Woah Britting Berlin, To
		If more banks are r	seeded, addross S	tata Kegistras	, 18 W. Saratoga St.,	Balto., Requesting V. S. No. 4

The second state of the second second

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," et ... Spinner, (b) Cotton mill; (o) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Hausekeepers who receive a Foreman, engineer. Stationary fireman, etc. But in many or At Home, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile and children, Laborerfactory. The material -Coal mine, etc. Locomotive engineer, not gainfully em-(b) Grocery; Wom-

ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup") Typhoid ferer (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinonia, Sorcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilwoy train Whooping cough; American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY ascertained as the cause. Committee on Chronic Example: Measles (disease etc. The contributory valeular heart discuse; Nomenclature Always qualify all Mansles ;

data is e-kental and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

V. S. No. 1

PLACE OF DEATH  County Michael	09631 STATE OF MARYLAND CERTIFICATE OF DEATH
ON	Registration Dist. No. 337
Village or City Markin, M. (No:	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
March (Day) (Yes	that I last saw he salive on 1923.
7 AGE  3 Syrs mos ds.   If LESS to l day or m	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Alast Broke by Sur to Brown During do.  Contributory whether brings and good of
9 BIRTHPLACE (State or country)	Secondary (Durstion)
10 NAME OF Sceph Critchett	(Signed) Moder My M. D. M. D. 192 By (Address) / Wellow M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Gardel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death mos. ds. State. yrs. mos. ds.  Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of desth?
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  JUANNIE CLASSICO (1933)
15 Filed way 16 1920 OP Woolfred Wall	" / W. C.
If more hunks are needed, address State Regi	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Housemaid, etc. laborer, etc., Foreman, For many occupations a single word or term on Or especially in industrial employments, it is necesyrs). Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day Compositor, For persons who have no occupation (b) If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal manights"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) cough; Committee Chronic on affection need not be etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and a! questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7, S. No. 1

Z

	PLACE OF DEATH County Welsmile	STATE OF MARYLAND CERTIFICATE OF DEATH
Vill	2FULL NAME alice Brown	Registration Dist. No. 333  Caryland St.: Ward) (If death occurred a hospital or instittion, give its NAME is stead of street ar number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE 5 SINGLE, MARRIED, MODOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Nove , 1956  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1950 , 1950
	(Month) (Day) (Year)	and that death occured on the date stated above, at
7 A	If LESS than day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(b)	Trade, profession or articular kind of work Ceneral Housework (Soneral nature of industry) usiness, or establishment in hich employed or (employer).	(Duration). yrs. in in in its contributory Secondary
ZTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) Section) yis mos.  (Signed) M.
PAREI	12 MAIDEN NAME OF MOTHER  Unknown  13 BIRTHPLACE OF MOTHER	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal,  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)  At place
14 7	(State or country) Unknown THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Elgey Brown	of death yismos. ds. Stateyismos. de  Where was disease contracted, if not at place of death?  Former or usual residence
15	(Address) Mardela, Md.	
	Registras  If more blanks are needed, address State Registrar	r 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Salisburg 7

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every eupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Pluster, cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, should be used only when needed. As examples: (a) additional line is provided for the latter statement: it nature of the business or industry, and therefore an worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Deal-(a) Spirano, en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Househousehold only (not paid Househeepers who receive a gaged in domestic service for wages, as Sermut, Cook, ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed tired 6 yrs). business, that fact may be indicated thus; Farmer (rewhatever, write None. Foreman, report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Autamobike factory. The For persons who have no occupation person, irrespective of not gainfully emmaterial Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic eerebros; inal meningitis"); Diphtheria (avoid use of "('roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur presumonia, Bronchopneumonia (''Pneumonia,'')

> inges, peritonaeum, etc., Carcinomu, Sarcona., etc., of unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. use of "Tumor" for malignant neoplasms); 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, "Uruemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart II"
> "Inanition," "Marasmus, "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases can be ascertained as the cause. ..... (name origin; "Cancer" is less definite; avoid taken. For violent deaths state means of injury State cause for which surgical operation was underor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train approved by Committee on (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic Example: Meusles (disease " "Old Age, " "Shock," ete. valvular Nomenclature of the The contributory Always qualify all heart Measles ; discuse; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lither data is essential and must be obtained before the certificate is permanently filed.

(If death

DATE OF BURIAL

SUZION MARGI

23

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Studionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the er," etc., Spinner, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a state oecupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons entired 6 yrs). business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrogival ed term for the same disease. Examples: ('erebrogival et the only definite synonym is "Epidemic eerebrogival meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia (''Pneumonia,')

RURNAU

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" stated unless important. Example: Meusles (disease (seeondary or intercurrent) affection Whooping cough; Chronic Chronic interstitial nephritis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhuge, causing death), 29 ds.; Bronchopneumonia (seeondary), "Inanition," "Marasmus," "Old Age," "Shock, "Uraemia," "Weakness," etc., when a definite disease "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all ..... (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely carbolic acid-probably suicids. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainapproved by (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY for malignant neoplasms); Measles; Committee on etc. valendar heart Nomenclature The contributory need not be disense; of the

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. A. It he data is essential and must be obtained before the certificate is permanently filed.

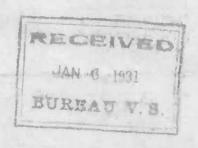
o Z

v:

m

z

1PLACE OF DEATH	15399 STATE OF MARYLAND
County Wi come co	CERTIFICATE OF DEATH
Village or City alylung (No. Par N)	Can City Road Ward (If death occurred in a hospital er institution, give its NAME in-
2 FULL NAME Ques U Trou	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word of lower.	16 DATE OF DEATH De Day , 1930 (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h we alive on De C 1920
7 AGE    If LESS than   day hrs. or min.?	The CAUSE OF DEATH * was as fortrawn
(a) Trade, profession or particular kind of work	warras agropally y.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (A)  (Duration)  (Dura
OF FATHER (State or country)  12 MAIDEN NAME  (State or Country)  12 MAIDEN NAME  (State or Country)	*State the Disrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER MAM Cle 3 at the Summer of Mother (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place la the of death yis mos. ds.  Where was disease contracted,
(Informant) Curs Control of My Knowledge	former or usual residence.
(Address) Calislany M. Q	Trederick, Md. 17/3/30, 19
Filed Dec 1 1930. O. May humes	Chales C. Carly Budevick, ms.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



No

න්

N. B.

PLACE OF DEATH County Resuries (15	02034 STATE OF MARYLAND CERTIFICATE OF DEATH
W 10 1	Registration Dist. No. 3.35
Village or City Ear Than Source fr.	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Jel 7, 1920  (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
$ \begin{array}{cccc}                                  $	that I last saw h 22 alive on Feb 3, 1950,
7 AGE  yrs. 2 mos. 4 ds. or min.?	and that death occurred on the date stated above, at
a occupation  (a) Trade, profession or particular kind of work  (b) General nature of industry	Direguse - /ke art
business, or establishment in which employed or (employer)	(Durstion) yrs. Zmos / ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Burstion)
10 NAME OF Randall Brown	(Signed) 1 15 - Kuhlugeum M. D.
OF FATHER (State or country)  12 MAIDEN NAME)  OF THE COUNTRY  12 MAIDEN NAME  OF THE COUNTRY  OF THE COUNTRY	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Codela Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?
(Informant) DEVIN Brown	Former or usual produce
(Address) Mardela, Mo.	Jion Durch. Feb 18, 1930
15 Filed Feb. 18, 1930 Mary E, Mann	20 Sharp town

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation work, or At Home, and children, Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesen at home, who are engaged in the duties of the worked on may form part of the second statement Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocharer, Farm laborer, laborer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." American Medical Association.) approved diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee on Nomenclature Chronic etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	-23	E	211
	9	be	3
WRITE IN WITH UNFADING INKIHIS IS A PERWINENT	e	0	(
Z	4	ā	4
Ц	φ	0	,
-	30	2	7
		ay	
3	7	2	Ĭ
Ц	2	4	(
7	0	_	(
ď	H	a	1
-	90	+	42.4
2		0	9
0	0	(I)	1
Ï	le	000	(
_	D	2	-
1	- d	te	9
7	8	_	0
Z	>	ai	
-	=	pi	4
7	e f	_	-
Z	ar.	_	2
7	0	Ξ	1
4	0	A	1
L	2	W	
Z	p		-
_	3	L	-
r	ho	0	(
<b>-</b>	(0)	M	-
_	Ē	25	4
>	9	A	-
	a	O	ţ
	E	0	0
Z	0	2	
	nf	8	۲
	-	71	è
	of	7	*
נו	6-	õ	-
-	9	2	-
$\overline{z}$	1	w	0
>	>	25	5
	0	A	40
	>	CIANS should state CAUSE OF DEATH In plain terms so that if may be properly	etetomont of OCCIDATION to many turns and continued to be book at sometime
	1		2
	m		
	N. B Every Item of information should be carefully supplied. ACE should be stated		

PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No. 3.3.5 (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME is stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw he alive on Oto Ilf LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH \* was as follows: I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or for particular kind of work (b) General nature of industry business, or establishment in (Duration) ... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country, Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death \_\_\_\_\_yrs.\_\_\_\_\_ds. In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death?.. TO THE BEST OF MY KNOWLEDGE Former or usual desidence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Exhaustion," "Heart tanue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND 1 Cremes CERTIFICATE OF DEATH Registration Dist. No. rated EXACTL roperly classificate. (If death occurred In Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED eq WIDOWED OR DIVORCED may (Write the word) (Month) (Day) DATE OF BIRTH no I HEREBY CERTIFY, That I attended the deceased from sho instructions that (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \*/was as follows terms ...min.? 8 OCCUPATION See (a) Trade, profession or 5 particular kind of work pla (b) General nature of industry important, business, or establishment in 2 which employed or (employer) H 9 BIRTHPLACE (State or country) PA EA DO 10 NAME OF 3 LL FATHER 0 9 11 BIRTHPLACE (Address) \*State the Disease Causing Death, or, In deaths from CAU (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) stat 13 BIRTHPLACE At place of death ... In the OF MOTHER (State or Country) hould at of O Where was disesse contracted, if not at place of death?.. statement Former or usual residence EVOLY (Address If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

SERVE

MARGIN

(Approved hy U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may he indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may he entered as Housewife, Houselaborer, Farm laborer, Laborer—cont munt, etc. when en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-6 Grocery; Wom-

Statement of Cause of Death—Name, first, the Disbase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERFERAL peritonilis," etc. diseases resulting from childhirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Never report mere symptoms or terminal condiascertained as the cause. FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic Carcinoma, Sarcoma, etc., ot etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	03378 STATE OF MARYLAND
County W is arrise	CERTIFICATE OF DEATH
MINNER CAPONATA CINCIA AL	Registration Dist. No. 333
Village or City I ales ben Mid. ?	Brown RO wood Solo renter and street and str
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 - 20 - 1930  (Mooth) 20 (Day) 1930 (Year)
6 DATE OF BIRTH    (Month)  (Day)  (Yea	that I last saw h alive on 3 20 19250
7 AGE  If LESS to large of lar	hrs. The CAUST OF DOATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yea mos 5 de
9 BIRTHPLACE (State or country)	Contributory Colle Cleaning Secondary Secondar
TI BIRTHPLACE	(Signal) 1930 (Address) & aperland for
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Delie Unique  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs for the State yrs for the Stat
(Informant) Ley Leuf Haspital	Where was disease contracted, if not at place of death?  Former or usual residence Rhould Date of Burial OR REMOVAL DATE OF BURIAL
(Address) Salisbury, Md.  15 Filed Mich 2/1930. St. May June Registrar	Jo UNDERTAKER Cakes bury mel Foderalshar
If more bianks are needed, address State Regis	trar, 16 W. Saratoga St. Malto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The materia (b) Colton mill; (a) Salesman. many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many (b) Groccry;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.], "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid -- probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacnia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	PLACE OF DEATH	05632 STATE OF MARYLAND
	County Wicomics	CERTIFICATE OF DEATH
	EXITAIN COMPORATE LIMITE (2)	122
	S C. S STIMITE SON	Registration Dist. No. 999
	Village or City Saus Mrsy (No. Shumuy	(If death occurred in a hospital or institu
0	SEINI NAME GRAIL	Records to street and number.)
	2FULL NAME // SULLOSMA	JAN GILLEN
2	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WILLIAM	16 DATE OF DEATH
2	Male Thate WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
3	6 DATE OF BIRTH	(Month) (Day) (Year)  17 HEREBY CERTIFY, That i attended the deceased from
5	abril 26 gan	9 2 /1920 to 8/3/ ,1921
2	(Month) (Day) (Year)	that i last saw halive on 8/30 , 1983
3	7 AGE [If LESS than	and that death occurred on the date stated above, at 43. Que
211	/ D 2 1 day hrs.	The CAUSE OF DEATH * was as follows:
	60 yrs. 9 mos. 2 ds. or min.?	Typlead hever.
D P	(a) Trade, profession or	
	particular kind of work aunule valentimus  (b) General nature of industry	<u> </u>
an	business, or establishment in which employed or (employer)	(Durstion)
	9 BIRTHPLACE	Contributory / religionary Our olisin
	(State or country) Maniland	following filelebitio
_	10 NAME OF / · · / OO	(Signed) (Olcas G. Deialier M. D.
>	FATHER William 1. Oroughton	9/1 180 (Address) Dalishiii M
7)	OF FATHER	totale the Disease Couring Death on in death from
2	State or country)  Many Cause  12 MAIDEN NAME  12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2	of MOTHER Wise M. Boulden	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
5	13 BIRTHPLACE	ients or Recent Residents) At place
	OF MOTHER (State or Country)  Mankank	of deathyrsmosds. Stateyrsmosds
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	Mrs. William & Branch	Former or psual residence all the
	(Interpresent)	19 PLACE OF BURTAL OF REMOVAL DATE OF BURIAL
0	(Address) Sulsbury mc.	Pocomohe ametery Sept, 2, 1930
ō	15 51 1804 + 1 1030 / Mhy Transce	20 UNDERTAKER ADDRESS
	Filed Slft 1900. V. Registrar	The Hell of Tolmson on Dulralman
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Besto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, (b) For persons who have no occupation If the occupation has been changed Automobile factory. The Loborer--Coal minc, etc. Locomotive engineer, (6) material Grocery, Woin-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mon-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, approved by (Recommendations on statement of cause of American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid cough; Committee on Chronic Example: Measles (disease etc. The n ture of the injury, valvular heart disease; Nomenclature The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE	OF	DEATH

County · Conconney

10783 STATE OF MARYLAND

ER	TIFICATE O	F DEALH
	Registration, Dist.	No. 339

llage or City Palechum (No.	Temmonte General HospitalWard)
I mx Br	ismbley
2FULL NAME duf aux-	I man thee mid,

(If death occurred in a hospital or institu-tion, give its NAME in-stend of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, SINGLE WIDOWED OR ON ORCED OR	16 DATE OF DEATH  (Month) (Day) (Year)
7 AGE  OME TO SERTH  OME TO SE	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	(Duration) yrs mos ds  Contributory Secondary  (Duration) yrs mos ds  (Signed) A A Walls M. D
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER 11 A Area Callonia Only 13 BIRTHPLACE	*Stte the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place  In the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Power Brumbley (Address) Smow Hill, Md.	where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting F. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Foreman, first line will be sufficient, e. g., Farmer or Planler, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Locomolive engineer, not gainfully em-But in many Grocery; Wom-

Statement of Cause of Death—Name, first, the pisease causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; strings) may be stated under the head of "contributory." FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart discase; Example: Measles (disease affection need not be etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all questions affinered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Viconics	2035 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Salitury (No. 205. F.	Registration Dist. No. 333
2FULL NAME Eller M.	Bunkly (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SHIPSIED.	16 DATE OF DEATH #1. /5., 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on Fol. 15 1920.
7 AGE If LESS than 1 day hrs. 2 mos. / ds. or min.?	and that death occurred on the date stated above, at 3. P. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Struce work	Chronic Interstitus Referitio
b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) Many lank	Secondary (Duration) yrs mos 4 ds.
10 NAME OF FATHER AME STUE	(Signed) M, D.  Job. 17 1933 (Address) 5 770 Miles
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Journe June	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place in the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant loy M. Jaylor	usual residence
TAddres of history are ra.	Fruitland Cem. Fet. 17, 1030
Filed Hel. 17 130. J. May June.	Holloway + Co. Salishing And.
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

De Polle

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o approved letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.-

Village or City Attol RNOS.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 330  St.: Ward) a hospital or institu
2 FULL NAME Staltes R. Bu	tion, give ita NAME in stead of etreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hute Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH SEAT 2, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  OCT (Month)  (Dy)  (Year)	that I last saw h salive on super 2 , 192
7 AGE  24 yrs. 10 mos. 19 ds. or min.	
(a) Trade, profession or Caborer (b) General nature of industry (b) Usiness, or establishment in	relite Parendymoto nepleto
which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Duration)yrsmosds.
11 BIRTHPLACE 2 BUELL.	(Signed) 246,6 am am M. D. Pyl 8 1920 (Address) ) 4 lbm
(State or country)  12 MAIDEN NAME // TT: 7 4	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mauve U. Lambull,  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Mattie U. Bull	if not at place of death?  Former or usual residence
(Address) Forest Hill. Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  LONG STRUCK ALL BEST 4, 1931  20 UN DARTAKER ADDRESS
Filed 1923 1923 May make Registrar	1. D. Fravener Hos. Sharptown
If mora branks are needed, addrese State Registrat	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer Feor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the 9 Grocery;

Statement of Cause of Death—Name, first, the pirst DASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital spinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping American Medical Association.) (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease affection need not be etc. valvular heart disease; Nomenclature The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more branks are needed, address State Registrar, 16 W. Saratoga Sy. Balto., Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

pla

ü

E I DO

JIL 0

CAU

state CCUP/

should ent of O

CIANS sho tem

nform

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons (b) Automobile factory. The material who have no occupation Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitual fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on cough; Chronic Then ture of the injury, etc. valvular heart Nomenclature The contributory Sarcoma, Measles; disease; ete., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.

PLACE OF DEATH	02036 STATE OF MARYLAND
County Momilo	© CERTIFICATE OF DEATH
01.1 00 8 6	Registration Dist. No. 000
Village or City Salishury (No. Jew B. Ja	Ward) Atmed St.: 9 Ward) a hospital or institu-
2FULL NAME Mettie Burke	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan. 16 1867	Fel. 14 1923. to Fel 14, 195°
(Month) (Day) (Year)	that I last saw h alive on
7 AGE    If LESS than	and that death occurred on the date stated above, at 3.50 Am.
73 yrs. mos. 78 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Mr. T. co Ste:
(a) Trade, profession or Mone	The state of the s
(b) General nature of industry	311-3
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)  Manualan	Contributory Secondary  (Duration) yrs
FATHER Silliam N. Beauchank	(Signed) M. D.
OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Cinales adams	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  MAULIA	At place // yrs 2 mos // ds. In the State // yrs mos // ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
Mus Cou Stable	Former or usual residence Marian Station Smeriel be
(Informant) Million Marchany,	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 11/6/30, 19
Filed Feb. 16 1930. V. May Junes.	20 UNDERTAKER ADDRESS THE HILLS WAS ADDRESS ADDRESS ADDRESS AND A HALISHWAY MA.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory and consequences (e. g., sepsis,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	ECORD	ed EXACTL
INDING	WRITE AINTY, WITH UNFADING INK-THIS IS A PER ANENT ECORD	N. BEvery Item of information should be carefully supplied. ACE shows be stated EXACTL CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classificated statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	HIS IS A PI	ms so that instructions
RESERVE	NG INK-T	In plain teri
MARGIN	H UNFADI	hould be ca
	IN, WIT	formation state CAUSE
	/RITE A	Item of in S should s ment of OC
V. S. No. 1	M	N. BEvery CIAN State
	1	1

County Mulbras CA	STATE OF MARYLAND CERTIFICATE OF DEATH
County, Mind and American	(112) Registration Dist. No. 333
Village or City acleans Ken (No	St.: 9 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Nont MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH LO CO 3 , 19 <b>%</b> ) (Year)
6 DATE OF BIRTH Oleant	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	3
7 AGE about   If LESS that   I day hr	s. The CAUSE OF DEATH * was as follows:
B CCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration) yrs. mos. ds
9 BIRTHPLACE (State or country)	Secondary (Duration) yrsmosde
FATHER Melaon Surton Se	(Signed) De My Market M. S. M. S. Lee 3 192 M. Address) Sulin bray mod
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Serah Banks	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transfernes or Recent Residents)
13 BIRTHPLACE OF MOTHER (Ntste or Country)	At place In the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Garlos Paulolinia.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Milabletha Ca 15 Filed Dee 3 19230, V. May Turner Registral	Sounder Sound Solishing 30
If more banks are needed, address tate Negistr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter tion applies to e ch and every person, irrespective ch Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. to report Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. specifically the occupations of persons en-(b) Automobile factory. The material 6) Grocery;

s. inal meningitis"); Dinhtheria (avoid use of "Croup"); ferer (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia"); ("Pneumonia,

> (Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; "" "Convulsions,

All the certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the Adata is essential and must be obtained before the certificate is spermanently filed. If this certificate is looked over thoroughly and all questions

G

PHYSI-PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTIN, P Registration Dist. No. SATELIF TRUSPONATE AIM TO SE (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) proper stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. 16 DATE OF DEATH WIDOWED. OR DIVORCED may (Day) (Month) (Year).... 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that struction (Month) (Day) (Year) 7 AGE If LESS than I day hrs. terms ds. or min.? = 8 OCCUPATION (a) Trade, profession or Z S particular kind of work piai (b) General nature of industry business, or establishment in ATH in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) DD 10 NAME OF 3 11 9 ō 11 BIRTHPLACE 0 111 OF FATHER SO \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform O A ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) 00 Where was disease contracted, item of if not at place of death? of OF MY KNOWLEDGE Every item CIANS sho statement DATE OF BURIAL 3-22- 19 30 20 UNDERTAKER ADDRESS 8 If more bianks are needed, address State Registrar, I6 W. Saratoga St., Baffo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm loborer, Laborer-Coal mine, etc. er," etc., Civil engineer, Physician, Compositor, Architect, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Howsemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken en at home, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Doy who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar; or intercurrent) use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy" "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S. No. 1

80

Exact **∠Hd** 

PLASE OF DEATH	04814 STATE OF MARYLAND
County/Plamelo	CERTIFICATE OF DEATH
101	Registration Dist. No. 338
Village or City That (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Vallie O. Call	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Write SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 30, 1930 (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1005 15 1852	March 28 1928. to april 88 , 1938,
(Month) (Day) (Year)	that I last saw h L alive on , 192,
7 AGE   If LESS than	
77 yrs. 5 mos. 15 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Arms find dulines particular kind of work Arms find dulines	Chronic Myocardelis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)
10 NAME OF Josiah Bailey	(Signed) It to to manay M. D. Way 1980 (Address) Hebra
OF FATHER  (State or country)  12 MAIDEN NAME  The state of country to the state of country to the state of country to the state of the	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Hargaret Weatherly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
War Tail	Former or usual residence.
(Informant) Raggie Filia. Mo.	19 PLACE OF BURIAL OR REMOVAL
15 File May 2 1930 gry Climbing	20 IN DESTAKER B ADDRESS
Registrat	11 Denvenor theo strasplown.
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as (b) Automobile factory. The material 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> teanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite diseas as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, FOR VIOLENT DEATHS State MEANS OF INJURY ," etc., when a definite disease Example: Measles (disease " "Coma," "Convulsions," affection need not etc. The contributory valvular heart Nomenclature of the disease;

permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil angineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the person, irrespective of 6 Grocery;

business, that fact may be indicated thus; Farmer (retired 6 yrs. For persons who have no occupation whatever, write None.

Structurent of Cause of Death—Name, first, the DISEANT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved "PUERPERAL seplicacmia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Thearmia," "Weakness," etc., when a definite disease "Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. American Medical Association.) Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepeis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need the (disease Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as interstitial nephritis, by Committee on Nomenclature of the cough; Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions of answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

101

PLACE, OF DEATH	03380 STATE OF MARYLAND
County Theonico	CERTIFICATE OF DEATH
1 00 B	A Registration Dist. No. 333
	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Cagle OR DIVORCED (Write the word)	16 DATE OF DEATH Much 7, 1930,  (Month) (Day) (Year)
6 DATE OF BIRTH  April 17 1838.	17 I HEREBY CERTIFY, That I standed the deceased from
(Month) (Day) (Year)	that I last saw h he aliva on Man L 6 1980,
7 AGE    If LESS than   I day hrs.   O mos. 75 ds. or min.?	and that death occurred on the data stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Troguesia parelyse & more
(b) General nature of industry business, or establishment in	(Duration) vrs. 6 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Exhaustin
1 10 NAME OF	(Durstion)nos,ds,
FATHER Levin Causey	(Signed) M. D. Met 9 1930 (Address) Salisbury lun
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Caller Stevenson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Muyland	At place 20 yrs. 9 mos. 6 ds. In the State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. Lora Shockley	Former or usual residence Bush of Sugh Alls - Hallshury Ma
(Address) Salix huy, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SIGNAL 3/9/30 19
Filed Mich 9 1930 V. May Turner	The Will & Harrie. Laleibuagh
If more bianks are neaded, address Stata Registrar	, 16 W. Ssratoga St., Baito., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation bas been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at borne, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. bousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic Example: Measles (disease valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	07064 STATE OF MARYLAND
County Wicomics	CERTIFICATE OF DEATH
0.0	Registration Dist. No. 333
Village or City Silvam (No	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME Isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Wite (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
May 2/ , 1899 (Month) (Day) (Year)	I HEREBY CERTIFY, That (attended the deceased from 1927 to 199, 1990), that I last saw h Malive on 1990, 1520,
B OCCUPATION  (a) Trade, profession or Aparticular kind of work	and that death occurred on the date stated above, at 7.15 P.m. The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
10 NAME OF FATHER Harry Ho. Mariners.	Secondary  Defation for Many Many Many Many Many Many Many Many
OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OTHER  OT	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)  Manuland	ients or Recant Residents)  At place of death yrs
(Informant) Carl Chathaux	if not at place of dea.h?
(Address) & den, Md. Q. F.D 2. 15 Filed Lune 2/1930 V. May Luner	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3PM  Lloanu Cemetery James 1, 1930.  20 UNDERTAKER A PARTICIPATION OF THE PROPERTY OF THE PROPERT
Registrar	The Hill of tenson & alistung Md.

If mora bianks are needed, addrais State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wir-laborer, laborer, Farm laborer, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons enwork, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, tion applies to each and every person, irrespective of Foreman, or At Home, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) man, (b) Automobile factory. The without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed and children, Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, not gainfully em-(6) material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritoritis," can be ascertained as the cause. Always qualify all "Exhaustion," "Heart " "Old Age," "Shock," "Toanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial resulting from childbirth or miscarriage as nephritis, Chronic Example: Measles (disease affection need not be etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	07065
PLACE OF DEATH	STATE OF MARYLAND
County Willomico	CERTIFICATE OF DEATH
Cara Linia.	Registration Dist. No. 333
Village or City Salubury (No. Se	. Gent Hospital St.: 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
FOLL NAME CAMPAGE COLLEGE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Sangle MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 6 - 1 - 1980 to 6 / 6 , 1980  that I last saw has alive on 6 / 6 1980
7 AGE  (Month) (Day) (Year)  [If LESS that I dayhrs or min.	and that death occured on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Aflication Contributory
(State or country)  I 1D NAME OF	Secondary (Duration) yradinos de
FATHER Merrill Chesser	(Signed) M. D. M.
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Unknown  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
OF MOTHER (State or country)	At place of death yis mos. 2 ds. In the State was disease contracted, 7
(Informant) Ply. Gent Hospital	Former or usual residence.  Washington, Mill.
(Address) Salisbury Md.	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOW HILL BURIAL 18. 193 C
15 Filed June 18 1930. L. May June	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No.

Z

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Ciril engineer, the first line will be sufficient, e.g., Farmer or Planter, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Physician, Compositor, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. (b) Grocery; when, (b) Automobile factory. The material without more precise specification as Day Stationary froman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "corbrospinul fever (the only definite synonym is "Epidemic cerebrosi in all meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary), stated unless important. Whooping use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(secondary State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal scolicacnia," "Puerperal peritonitis," etc. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, Or HOMICIDAL, can be ascertained as the cause. (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway train-American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be "Heart failure," "Haemorrhage, Committee on Nomenclature for malignant neoplasins); Chronic valudar heart disease; Example: Measles (disease etc. The nature of the injury, The contributory Always qualify all Meusles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate us permanently filed.

V. S. No. 1

N. 83.

PLACE OF DEATH	0.3381 STATE OF MARYLAND
County flere on the	CERTIFICATE OF DEATH
AND SOMPORTS LIMITS OF	Registration Dist. No. 333
Village or City Salislany (No. Jenemula	St.: 3 Ward) (If death occurred in a hospital or institu- tion, give its NAME In stead of street and
2 FULL NAME Quelin La phresto	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  2 8 , 193 8
DATE OF BIRTH	(Month) (Day) (Year) (Y
May 18, 1928	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on
yrs. / mos. / ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Brough Turn
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Puration) yrs, mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Dursitory)
10 NAME OF FATHER Young Chistopher	(Signed) M. D. M.
OF FATHER (State or country)	*State the lisease Causing Death, or, in doubth from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabella Hung	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
(Informant) Harrey Mentathlier	Former or usual residence
(Address) & Suitatand	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Mich 29 1030. & May Turner	20 UNDERTAYER JACOBESS  AND WILLIAM Salesburger
If more b.anks are needed, addre.s tate Negistra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH Foreman, (b) Automobile first line will be sufficient, e. g., Farmer or Planter, For many occupations a yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Day factory. The material single word or term on Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on stated unless important. inges, peritonaeum, etc., Careinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mcre symptoms or terminal eonditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, earbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE NIEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, 'Congenital,' "Senile," etc.), "Dropsy,"
> "Heart failure," "Haemorrhage," Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County LL County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 336
Village or City Sa Delana (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) (Year)
6 OATE OF BIRTH  FILE 5 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I agended the deceased from  1929 to four 4 , 1929 that I last saw h malive on four 4 , 1927
7 AGE	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession or particular kind of work to particula	Contributory Kenter Bruncheles & Chilleton Secondary  Multiper (Duration)  Secondary  M. D.  (Signed)  M. D.
FATHER  11 BIRTHPLACE  OF FATHER  (State of country)  12 MAIOEN NAME  OF MOTHER  13 BIRTHPLACE	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Delma Del  Filed Jan L.) 19227 W. J. C. L. Rogistrar	DATE OF BURIAL  Walls Dem family lat for 6, 19.30  20 UNDERTAKER  ADDRESS  ADDRESS  16 W Saratoga St., Balto., Requesting V. S. No. 1.
at more manks are meeded, address state hegistrar,	, 14 th buttacogn bett, button, hedubering to be the

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foremon, For many occupations a single word or term on (6) For persons who have no occupation Automobile foctory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUR permanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

7 (Recommendations on statement of cause of American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; letanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railwoy train-If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular Always qualify all heart

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At \*chool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, age. For many occupations a single word of term on the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health Whatever, write None. tired & yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been chauged to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer worked on may form par; of the second statement, (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Statement of Occupation - Precise statement of oc etc., specially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation -Coal mine. etc. Wom-The material But in many

EASE CAULANG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospual fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Meusles "inqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaum, etc., Oarcinoma, Sarcoma, etc., of ......(name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Nomenclature of the American Medical Association.) head of "contributory." queuces (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The ustrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under "Puerperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia." "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." vulsions," symptomatic), "Atrophy," "Collapse," (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," ctc.); (Recommendations on state-"Coma," "Haemor-(merely (second-(disease not be "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD	EXACTLY, PHYSI- y classified. Exact icate.	Village or City Salisbury (No. High + 16	State of Maryland CERTIFICATE OF DEATH Registration Dist. No. 333 St.: 9 Ward)  (If death occurred in a hospital or institution, give its NAME insteed of street and number.)
	ed perl	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BINDING	may be	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED Filewer WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  August 1, 1865	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  1923. to Dec 7, 1933.
RVED FOR	supplied. ACE terms so that see instruction	S OCCUPATION  (a) Trade, profession or	and thet death occurred on the date stated above, at
SIN RESE	ATH in plair mportant.	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  Description  BIRTHPLACE (State or country)	(Durstion) yts. mos ds.  Contributory Secondery  (Durstion) yts. mos ds.
MARG WITH UNFA on should be USE OF DEA	10 NAME OF FATHER WY ROWN  11 BIRTHPLACE OF FATHER  (State or country)  11	(Signed)	
NIN	f Informati	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (1	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos ds.
WRITE	ry Item of NS shoul	(Informant) Mus. Muy Jewell  (Address) Sallpra Ms.	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL N. 19 30, 19
V. S. No. 1	N. B. Eve CIA Sta'	Filed Dec 9 1900. L. May Juruer Registrar  If more branks are needed, address State Registrar	20 UNDERTAKER ADDRESS  ADDRESS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, yrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Laborer--Coal minc, etc. Wom-(b) engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular heart The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

S. No. 1

0

PLACE OF DEATH	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
Country	3) CERTIFICATE OF DEATH
	Registration Dist. No. 32
Village or City Wellards (No.	St.: Ward) (If death occurred in
0 0 - 0 1	tion, give its NAME i
2 FULL NAME / achel le large	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH A LEE 34
WIDOWED OR DIVORCED	001 10250
Tomale   Write the word)	(Month) (Dsy) (Year)
6 DATE OF BIRTH	i HEREBY CERTIFY, That attended the deceased from
may 2/ 1876	1927. to Car 10 , 1920
(Month) (Day) (Year)	that I last saw had alive on Oct 10 , 1990
7 AGE   If LESS than	and that death occurred on the date stated above, at /-/19 m.
50 4 19 1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
B OCCUPATION (a) Trade, profession or	ulumany 1, 13.
perticular kind of work House Reeping	
(b) General nature of industry	
husineas, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE	Contributory
(State or country) Mariel and	
10 NAME OF	Dr. 2-12/13
FATHER Eter Wilkerson	(Signed) M. D.
M 11 BIRTHPLACE	(Jel 7 0 1950 (Address) Sales Fry lud
Z (State or country) Maryland	*State the lisease Causing Death, or, in teaths from Violent Causes, atate (1) Means of Injury and (2) Whether
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother Harriste Brunce	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, il not at place of doa.h?
	Former or
(Informant) will Hudom	usual residence
Dolar 11 Dal.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addresa)	Covergreen benefallet. 12, 1030
15 Filed Wet. 11 1032 LO 12 Strict	20 UNDERTIKER SUCLEY ADDRESS
Registrar	M Vasha Watson Selbwell
If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.
	Del.

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Former (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook er," etc., without more precise specification as Day loborer, Farm loborer, Loborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Foreman, (b) or Al Home, and children, not gainfully emhome, who are engaged in the duties of the For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) Grocery, eman, (b) Automobile factory. The material Stationary fireman, etc. (not paid Housekeepers who receive a person, irrespective of But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); farer, (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinai EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the pris Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death approved by Committee on telanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonoeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age, (secondary or Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, "Tumor" for malignant neoplasms); resulting from childbirth or miscarriage cough; intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvulor heart Nomenclature of the Measles; disease; as

data is essential permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is this certificate is looked over thoroughly and all qu stions

PLACE OF DEATH

	PLACE OF DEATH	14156 STATE OF MARYLAND
i	County WI comics	CERTIFICATE OF DEATH
		Registration Dist. No. 332
	Village or City Willards Mano.	St.: Ward)  (If death occurred in a hospitul or institution, give its NAME instead of street and
	2FULL NAME William H. E	clark stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Wildows OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw he saulive on
	7 AGE    If LESS (han   day   hrs. or   min.)	and that death occurred on the date stated shove, at 1017m, The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or sold Fish	Celegna Sectoris forie
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yramos./ (J. da.
	9 BIRTHPLACE (State or country) Maruland	Contributory Secondary  Durstion)  Jyn raceds.
	10 NAME OF Lemme Clark	(Signed) Selected M. D.
	of FATHER (State or country) Mary land	*State the listage Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) anna Hudson	Former or usual residence
	(Address) Delmar Del.	Berlin Evergreen Nov. 6, 1930
	15 Filed nor. 4 1930 Leland J. Trutt Registres	m Parhawatson Selbygill
	If more b.anks are needed, addre.s tate Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., William - Laborer-laborer, Form laborer, Laborershould be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, cases, especially in industrial employments, it is necesfulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Scrvant, Cools, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fromon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 .yrs). or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a (b) Cotton mill; (a) Salesman. without more precise specification as Day 6 For persons who have no occupation Automobile factory. The material single word or term on -Coal mine, etc. Wom-As examples: (a)(b) The ques-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and causation), using always the same acceptpucumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) approved by Committee on Nomenclature of the "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Inamorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid triumus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "Congenital," "Senile," etc.), "Dropsy, Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

BUR Rermanently filed. janswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE MARRIED. 3 SEX 16 DATE OF DEATH OR DIVORCED (Write the word' I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 1930.10 plec. 28 and that death occured on the date stated above, at .... 7 AGE Of LESS than I day hrs. The CAUSE OF DEATH \* was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer) Contributory & 9 BIRTHPLACE (State or country) Marylan 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, la deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE OF MOTHER (State or country) Where was disease contracted, if not at place of deather usual residence. DATE OF BURIAL 22 31 ADDRESS 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Hospitalse: 13 Ward)

(If death occurred in a hospital er institution, give its NAME irnumber.)

SC BULLY

OF SHEER

AL BOIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servout, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the dutics of the er," et ... Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples : (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very im ortant, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, without more precise specification as Day (b) Automobile Laborer-Coul mine, ctc. factory. The material (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,";

telanus) may be stated under the head of "contributory." "Traemia," "Weakness," etc., when a definite disease approved and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measlex; inges, perilonocum, etc., Corcinoma, Sarcoma, (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the Chronic Example: Measles (disease valvular heart disease; etc. The contributory not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH.	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
0.0	Registration Dist. No. 333
0.0	Meuly Gent Hospital 13 Ward)  (If death occurred in a hospital or nantitution, give lis NAME instead of street and
2FULL NAME Glorge Collin	S, Showell, Ma number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIEDES, WIDOWES, OR DIVORCED (Write the word)	16 DATE OF DEATH 23 , 193 0 (Month) (Day) (Year)
6 DATE OF BIRTH  Wester (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  June 11 1930 to June 2 9 , 1930, that I last saw h malive on
7 AGE    If LESS than    I dayhrs.	
60 yrs. mos. ds. or min.?	Septer bladder
(a) Trade, profession or Laboure	
(b) General nature of industry	00.4
business, or establishment in which employed or (employer)	(Duration) yrs do.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  Secondary  (Duration)  VIII. Most
10 NAME OF GATHER Unknown	(Signed) M. D.
OF FATHER  Z  (State or country) Unknown	*State the Discase Causing Death, or, in deaths from
12 MAIDEN NAME OF MOTHER Unknown	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Unknown	ients or Recent Residents)  At place of death yis mos / 2 ds. In the State Lines ds.  Where was disease contracted, Decoupled to the lines ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Temurula Lend Hospital	Pormer or Uncestação, Hel
(Address) Salisbing My	Jacobs Harry Miconics June 23,1936
15 Filed June 23 30. & May June	M Tasha Watsun & Illy will
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

110 A A 15

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesmon.
(a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (rewhatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Compositor, Architect, Stationory fireman, etc. factory. The material Locomotive engineer, But in many (b) Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebros inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,");

inges, peritonacum, etc., Carcinona, Sarcoma, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" "(Iranition," "Weakness," etc., when a definite disease "Exhaustion," "Heart Izume," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undercan be ascertained as the cause. telanus) may be stated under the head of "contributory." carbolic acid - probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; by Committee on for malignant neoplasms); Chronic valendar heart disease; Example: Measles (disease etc. The The nature of the injury Nomenclature Always qualify all contributory Mensles ; not be

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furnicr (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salcsman. For persons who have no occupation Automobile factory. The materia Locomolive engineer, (4) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is \*Epidemic cerebrospinal meningitis\*); \*Diphtheria avoid use of \*Croup\*); \*Typhoid fever\* (never report \*Typhoid Pneumonia\*); \*Lobar pneumonia, \*Bronchopneumonia\* ("Pneumonia,");

use of "Tumor" for malignant neoplasms); Measles, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Ethaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, .. 'name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcona, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

REAU

B.--Every item of information should be carefully supplied. ACE shows be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NENT BINDING PERM A MARGIN RESERVED FOR WITH UNFADING INK--THIS WRITE V. S. No. 1 ż

1 PLACE OF DEATH.  County COULCED	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33/
Village or City DEbrow (No	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale With Single, Wilder or RACE Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
May 27, 1856 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 20 1924 to 27 , 1920, that I last saw here alive on 27 , 1970,
7 AGE  7 AGE  7 AGE  1 S profession or four fields for min.?  8 OCCUPATION (a) Trade, profession or four fields for min.?	
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Durstion) yrs mos de.  (Durstion) yrs mos de.
FATHER (SLEPH) TEMATERILY  II BIRTHPLAKE OF FATHER (State or country)  12 MAIDEN NAME  THE STATE OF THE STATE	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OLZ AVELL STATES  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of desth
(Address) Destha Ollver.  (Address) Hebron. Md.  15 Filed Jan 30 1980 Mus & M'Wallace Registrar	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  ATE DOOR, PACE OF BURIAL  20 PLACE OF BURIAL OR REMOVAL  ADDRESS  IN Traveworther, Sharplown
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceslaborer, sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. Wom-Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, or intercurrent) affection need move ses important. Example: Measles (disease Chronic valvular heart disease; etc. The Nomenclature of the contributory

Par.	all and
PLACE OF DEATH	19634 STATE OF MARYLAND
County Meconico	CERTIFICATE OF DEATH
County	122
1. 1. 1. D. 1 po (	Registration Dist. No. 939
Village or City Labory Mano. 1.3.	St.: Ward) (If death occurred in
10000	ion, give its DAME ir-
2FULL NAME Gerome S. C.	only 2/2 E. Churchy to street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PEATH
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED MARRIED MIDOWED.	16 DATE OF DEATH X - 8 - 1036
Male White OR DIVORCED (Write the word)	(Variation (Paris)
6 DATE OF BIRTH	(Month) (Day) (Year)
D. 6 840	July 2 6 1930 to bleg ? , 1923
(Month) (Day) (Year)	that I last saw h by alive on Que & 1920
7 AGE   If LESS than	6.210
l dayhrs.	
30 yrs. 8 mos. 2 ds. or min.?	(1) (2)
B OCCUPATION (a) Trade, profession or	O Henry al Iry hur s Cerul hur a
(a) Trade, profession or particular kind of work	from Perforate & Sowel.
(b) General nature of industry	
business, or establishment in busine	(Durstion) yrs. mos. de.
9 BIRTHPLACE A 11 10	Contributory Secondary
(State or country) South Carolina	Dursting yrs most da,
10 NAME OF O	(Signed) July Pull M. B.
FATHER James E. Conley	1 0 0 DI (1/00 0) MI
of Father A.	*State the Disease Causing Death, or, in deaths from
Z (State or country) Michigan	*State the Disease Causing Death, or, in douths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Anna Bill Cadden	AB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a comment said careers	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. / ds. In the State yrs mos ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Buting S. Conley	usual residence
(Addres 12 F. Church of Salisty)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL aug 10, 1930
Filed Aug 8 19230. G. May Junes	20 UNIDERTAKER JADDYESS AND
	We see St. Police Provide V. S. A. I
If more blanks are needed, address State Registral	r, 16 W. Saratoga Sty Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, (6) For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be of the unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease; Measles;

m of information should be carefully supplied. ACE should be stated EXACTLY, hould state CAUSE OF DEATH in plain terms so that it may be properly classified. NENT BINDING WITH JINFADING INK-THIS IS A PERM FOR MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH County Tureanice	10785 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Jasken (No	St.: Ward)  St.: Ward)  (If death occurred in a hospitel or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Sept 7 , 1923 9 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h has alive on 5 ept \$ 1923.
7 AGE    If LESS that   I day	s. The CAUSE OF DEATH * was appollows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	(Durstion) yrs. mos. ds.  Contributory Secondary  (Durstion) yrs. mos. ds.
10 NAME OF FATHER SCIENCE CONTROLS	(Signed) & all Sules M. D. 9-9 1930 (Address) Trantinok m. D.
OF FATHER (State or country)  W	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homloidal.
OF MOTHER  OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Address) Tyasking (Mod 15 Filed Lept, 9 1930 Moolford Mall	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  20 UN DERTAKER  ADDRESS  AND PROPERTY OF BURIAL  ADDRESS  AND PROPERTY OF BURIAL  ADDRESS  AND PROPERTY OF BURIAL  ADDRESS
Registrar  If more blanks are needed, address State Registra	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (1) or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Or yrs). Farm laborer, At Home, and children, Compositor, For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. If the occupation has been changed Laborer-Coal mine, etc. Architect, Locomotive engineer, not gainfully em-The material Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. approved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Exhaustion, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; ," "Heart failure, Committee on Nomenclature of the Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. valvular heart The Always qualify all contributory Measles ; disease;

STATE OF MARYLAND HYSI-Exact PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 3 3 (If death occurred in Ward) Village or City a hospital or institution, give its NAME is certificate. stend of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH 3 SEX MARRIED BINDING ald be WIDOWED. CR DIVORCED (Write the word) Phot I attended the deceased 6 DATE OF BIRTH that I last saw h (Year (Day) uctio 00 and that death occured on the date stated above, at 2 0 IIf LESS than 7 AGE I day hrs. Ш SERV (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer) 00 Contributory Ear Secondary MARGIN 9 BIRTHPLACE (otate or country) 4 10 NAME OF 0 110 lal. \*State the Discase Causing Peath, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether OF FATHER (I) Z (State or country) 20 Accidental, Suicidal or Homicidal. AOF 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state ccup/ ients or Recent Residents) CCUI 13 BIRTHPLACE At place State ..... yrs ..... mos ... yrs..... mos. .... ds. OF MOTHER (State or country) Where was disease contracted, 0 pinous of if not at place of death?. 14 THE ABOVE IS TRUE TO THE BEST OF Former or usual res.dence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Every CIANS staten (Address) If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Vever return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g.. Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman. without more precise specification as Day 6 For persons who have no occupation Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumovia. Fronchopneumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" iSless definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasus); diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature telunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic Example: Measles (disease affection need not be etc. The volvular heart disease; Always qualify all contributory Measles,

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. a hespital or institu-MEDICAL CERTIFICATE OF DEATH HEREBY CERTIFY, That I attended the deceased from

(Duration) Contributory Secondary

\*State the Discase Causing Death, or, in deaths from

Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal,

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Withour Laborer, Laborer—Coat many, tuborer Farm laborer, Laborer—Coat many, at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servaul, Cook, Househmid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken twork, or At Home, and children, not gainfully emdefinite salary), may be entered as Hausewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Plonter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Foreman, (b) Automobile factory. The material cugineer. For many occupations a single word or term on neer, Stationary ferenant, etc. But in many For persons who have no occupation Salesman. (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerchrospinal fever\*\* (the only definite synonym is "Epidemic cerebrospinal meningitis"; \*Diphtheria\*\* (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\*\* ("Pneumonia,");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping · · · · · · (mame origin; "Cancor" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, lefanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic etc. valendar heart disease, Nomenclature The contributory Measles ;

-		· ·
Xaot xaot	PLAGE OF DEATH,	15403 STATE OF
H X	County / Course	CERTIFICA
4	51 521 1	96 Registrati
TLY,	Village or City/ Kar Marko, Ela	
	Thage or City (No.	St.: W
_ 4-	2FULL NAME // Clearn . O	ook
NT stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
N so do	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARRIED	16 DATE OF DEATH
ZZooy	Mala Coe, WIDOWED OR DIVORCED (Write the word)	J. J. G. W.
R Could may	6 DATE OF BIRTH	17   I HEREBY CERTIFY, That I
PER should be soon	Not 29 1858	Dec 16 192 to 6
D FOR B	(Month) (Day) (Year)	that I last saw h alive on S
IS IS Is worth	7 AGE If LESS than	and that death occurred on the date st
D IIIS	72 yrs. mos. 2 7 ds. or min.?	The CAUSE OF DEATH * was as follows
SERVED INKTHIS Ily supplied	OCCUPATION D	
11 12 22	particular kind of work Davover	
[1,1] mg CL pm W	(b) General nature of industry business, or establishment in	
	which employed or (employer)	(Durstion)
MARGIN RE UNFADING puld be carefully prediction of the performance of	9 BIRTHPLACE (State or country)	Contributory Secondary
NE NE	10 NAME OF (K)	(Buration)
	FATHER PEVER Allan	(Signed)
← ∞ <u> </u>	of Father	*State the Disease Causing Dec
3 570	C (State or country)  12 MAIDEN NAME	Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.
	of Mother Harristt Cook,	18 LENGTH OF RESIDENCE (For He
Inform state ccupA	13 BIRTHPLACE	ients or Recent Residents) At place
	OF MOTHER (State or Country)	of deathyrsds.
035	14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRITE y Item NS sho	(Informant) Shu to Washieldo	Former or usual residence
WR	marker my	19 PLACE OF BURIAL OR REMOVAL
Every CIAN State	(Address)	fron Omisch.
,	15 19/22 2 /24/1/	20 MINDERPAKER

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

F MARYLAND TE OF DEATH

on Dist. No. 330

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.)

ADDRESS

E OF DEATH ....(Day)\_\_\_\_ attended the deceased from ated above, at 5300, m. yrs......ds. ath, or, in deaths from Injury and (2) Whether spitals, Institutions, Trans-State yrs ......ds. DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more process. Wom-laborer, Form laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Shock," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles ;

PLACE OF DEATH	STATE OF MARYLAND
County Wicomas	CERTIFICATE OF DEATH
	Registration Dist. Nov. 32
Village or City Wellards Mrd. R.D.	St.: Ward) (If dooth occurred in
2 FULL NAME Frank Books	a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 25 25 , 1923 0 (Month) (Day) (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw humalive on 25, 19830
7 AGE [If LESS than	ond that death occurred on the date stated obove, atm,
Wront 65 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION Trade, profession or Jaming particular kind of work	Denulis promunica
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yre most de.
BIRTHPLACE	Contributory
(State or country)	Secondary (Duration) yrs
10 NAME OF Clitch Cooker	(Signed) Carles Mol Grogoru M. D.
OF FATHER	2.5.1920 (Address) Dalls jung ma
Z (State or country) maryland	*State the lis ase Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jane Lelton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of death yrs
14 THE ABOVE IS TRUE TO THE EEST OF MY KNOWLEDGE	if not at place of doa h?
Unformant Tula Cooper	Former or usual residence
(Address) Willards Ind. P.D.	Pittoville ma, Nov. 26, 1930
Filed Nov. 25, 1930 Leband J. Truit	M Harha Watson Selbyville
If more bunks are needed, oddre.s State Registra	r, 16 W. Saratoga St., Bulto., Kequesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING PEATH. definite salary), may be entered as Houscuife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever write None. business, that fact may be indicated thus; Famer beg ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, housemaid, etc. If the occupation has been clanged worked on may form part of the second statement. " etc., without more precise specification as Day first line will be sufficient, e. g., Farmer or Planter, Foreman, Or For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) At Home, and children, Compositor, Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Stationary fireman, etc. But in many Laborer-Architect, -Coal minc, etc. Wom-Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first the Discount of Cause of Death—Name, first the Discount of Cause of Death—Name, first the Discount of Causation), using always the same accepted ed term for the same disease. Examples: Cerebro-spinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage cough; Committee on Chronicetc. valvular heart Nomenclature The contributory disease; Measles ; as

PLACE OF DEATH County DEATH	O2144 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 330
Village or City Mardela (No. Bonne	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenusly Houses (Write the word)	16 DATE OF DEATH FEF 28, 1930  (Month) (Day) (Year)
6 CATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1927 to 1927, to 1927, that I last saw h 22 alive on 744 28, 1927,
7 AGE 6/yrs. 8 mos. 29 ds. or min.?	and that death occurred on the date stated above, and 30 9 m.  The CAUSE OF DEATH * was as follows:
a) Trade, profession or House Work	
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Bry Ms Theris Delevous Secondary
10 NAME OF FATHER Naire Alboareds	(Signed) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHEROLIGABLET Windsor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  M.J.	ients or Recent Residents)  At place of deathyrs
(Informant) Hark Cooper	if not at place of death?
(Address) Salesbedy Mr.	Marozla Marz, 135
Filed March 19230 fm & amounting	It I bravens the Sharpfown
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material to know For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman, Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaenia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY "Debility" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; ("Congenital," or intercurrent) Chronic valvular heart disease Example: Measles (disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," affection need not be etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

ployed, as At ochool or At kome. Care should be taken er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman. (b) Grocery, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health tired ( y.s.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer: Furm luborer, Laborer-Coal mine, etc. Womworked on may form part of the (a) Foreman. (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neces-01' 41 Home, and children, not gainfully em-Stationary firemen, etc. But in many second statement.

Statement of Cause of Death—Name, first, the bis Ease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,").

conditions, such as "Asthenia," suges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and eonse-Poisoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report more symptoms or causing death), 29 ds.; Bronchogneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tuuior" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association. Examples: Accidental drowning; (seeondary or intercurrent) affection need Whooping cough; of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart (Recommendations Example: Measles "Anaemia" Always qualify all Struck by railroay terminal (second-(disease (merely not be

S. No. 1

Si-	PLACE OF DEATH	03383 STATE OF MARYLAND
E W	County Nicomico	CERTIFICATE OF DEATH
Q .9		Registration Dist. No. 333
江	an Appelying dista	
ass te.	Village or City Hulls VIII (No. No. No.	St.: Ward (If death occurred in a hospital or institution, give lts NAME in-
ate EXAC	2FULL NAME Elnora Hen	rulla borbin stead of street and number.)
A	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be si	Finale Colored Single, Married OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATHWARCH 31, 1920  (Month) (Day) (Year)
ACE shot that it ma ctions on b	6 DATE OF BIRTH  MARCH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 2/ 192 to March 3/ ,192 that I last saw here alive on March 3/ ,192 ,
A o t	7 AGE [If LESS than	and that death occurred on the date stated above, at 12:30 q.m.
ied. 18 8 stru	day hrs.	The CAUSE OF DEATH * was as follows:
suppl n term See in	B OCCUPATION  (a) Track, profession or particular kind of work	Organie Strack Disease
in pla	(b) General nature of industry business, or establishment in which employed or (employer)	Yurnour (Duration) yrs. mos. ds.
ATH Impo	9 BIRTHPLACE (State or country) A must Country	Contributory Secondary  (Duration) vs. mos. ds.
ould h	10 NAME OF Roah Wright	(Signed) Wither M.D.
AUSE ON IS	OF FATHER (State or country) Somewast Country	*State the Disease Causing Death, or, in daths from Violent Causes, state (1) Means of injury and (2) Whether Accidental Suicidal or Homicidal.
te C	of Mother Housetta Hoyakins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
sta	OF MOTHER (State or Country) Manualana	At place of deathyrsmosds. In the Stateyrsmosds.
pin o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho ent	(Informant) In D. Wright	Former or usual residence
ANS atem	(Address) Dr. Ajuel Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  TIME AST PO CALLETTE MER. 21. 1931
S S. C.	15 Filed age 2 1030. & May Turner	20 UN DERTAKER ADDRESS
ż		16 W. Saratoga St., Balto., Requesting V. S. No. 1.

03383

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc. without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specification as Day Spinner, (b) Colton mill; (a) Salesman, (b) Groccry, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of For many occupations a single word or term on or At Home, and children, not gainfully em-Compositor, For persons who have no occupation Architect, person, irrespective of Locomolive engineer, persons

Statement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerébrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Whooping cough; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid by Committee on or intercurrent) Chronic Example: Measles (disease etc. The affection need valvular heart disease, Nomenclature contributory not be

PLACE OF DEATH	STATE OF MARYLAND
County le Consello	CERTIFICATE OF DEATH
0	Registration Dist. No. 333
Village or City/le Valishing (No.	St.: 9 Ward) (If death occurred in a liospital or institution, give its NAME is
2 FULL NAME Many O Carlin	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Semale (A. O. O. RACE SINGLE, MUDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
DATE OF BIRTH shoul	17 I HEREBY CERTIFY, That I attended the deceased from
, 1829	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE about   If LESS than I day hrs.	
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry	Had are medical attention
business, or establishment in which employed or (employer)	(Duration)yrs,ds,
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF HALLON Halloned	(Signed) (Duration) yrs. mos de.
OF FATHER  Z (State or country)  12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or County)	ients or Recent Residents)  At place of deathyrsmosds. In theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Goo Corker	Former or usual residence
(Address) Sceles lung Of 4	Minde and Com Son 12
Filed Jan 12 1980 & May Turner Registrar	20 UNDERTAKÉR ADDRESS
If more bianks are needed, addre a State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) nature of the business or industry, and therefore an Civil engineer, Physican, tired 6 yrs). ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved American Medical Association.) tctanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Heart tailure," "Isaemorrnage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

V. S. No. 1

PLACE OF DEATH County Morrico	02039	STATE OF M	
May telman	(46)	Registration D	
2FULL NAME HARVES ELLEN	Cordry	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE O	F DEATH
Amale And Single, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH	(Month)	(Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY (	CERTIFY, That I atte	nded the deceased from, 192, 192,
7 AGE  yrsmosds.   If LESS than     dayhra.   ormin.?	and that death occurre The CAUSE OF DEATH		above, at I I'm.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	La lighter  Ma fin M  Contributory Cha	any grand	resile
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) 1923) *State the Disc Violent Causes, atat Accidental, Suicidal or	(Address) Death, oe (I) Means of Inju	or. in deaths from
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESI ients or Recent Resi At place of death	dents) In the State.	ls, Institutions, Trans- yrsmosds.
(Informany) (Infor	if not at place of death? Former or your residence	OR REMOVAL	DATE OF BURIAL
Filed feld 11 1930 W. J. Busseller	Palings C	marvel	Lele 12, 1930 ADDRESS, Delmanta
If more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Ba	Ito., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Cour munc, ever wounder at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Iobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. Then ture of theinjury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite dizease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic valva Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway train Chronic valvular heart disease; affection need The contributory not be

PLACE OF DEATH County Mulos ulo	STATE OF MARYLAND CERTIFICATE OF DEATH
BY THE SHAP SATE AND SAFE	Registration Dist. No. 333
Village or City Raluly (No.210 P.)  2FULL NAME Haword M. Commis	St.: 5 Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 21 , 192
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Baly from for suits my offices  that I last taw h alive on Conduction, 192,
yrsmos/_ ds. ormin.?  COCCUPATION  (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary  (Durstion)  Vts
10 NAME OF FATHER FOREIGN COMMENTS  11 BIRTHPLACE OF FATHER (State or country)	(Signed) Man. M. D.  23 192 O(Address) Lately W  *State the Disesse Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	1B L:NGTH OF RESIDENCE (For Hospitals, Institutions, Ir.na- ients or Recent Residents)  At place of death
(Informant) Allen Coming (Address) Salmung III	th not at place of deah?  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Aunder was disease contricted, if not at place of deah?  DATE OF BURIAL  OLP 3.3., 1930
Filed Dec 23 19230. & May Turner	20 UNDERTAKER. ADDRESS Salesleury
If more blanks are needed, addre.s htate Negistrar,	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman. 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopaeumonia" ("Pneumonia");

> (Recommendations on statement of cause of American Medical Association.) "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; occident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was undercan be ascertained as the cause. Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart

.-- Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NENT BINDING PER.N. FOR INK---THIS RESERVED WITH UNFADING MARGIN

N

PLACE OF DEATH	08387 STATE OF MARYLAND
County All Rosello	(38) CERTIFICATE OF DEATH
Village or City Salisbury (No. 91	Registration Dist. No. JCS  Mard) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Collinar, M.	argaret - Mount Vernor umber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 36 , 1:30
G DATE OF BIRTH  Jan, ?, 1901	that I last saw h & alive on why 26 , 1920,
(Month) (Day) (Year)  7 AGE	and that death occured on the date stated above, at 12 p.m.
29 yrs. 6 mos. ds. or min.?	The GAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Westler de
9 BIRTHPLACE (State or country) Md.	Contributory fullial fulliant Secondary  (Duration) Apriliant de
10 NAME OF Joseph Cottiian	(Signed) MD Delostry Lees D
OF FATHER (State or country)  Md	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Elmora Wallis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  Md,	ients or Recent Residents)  At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or Journal Co. Illed
(Informant) Remedy Genel Hospital	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Salisbury, Mg.	Folks (2000) July 28, 1930
Filed July 27 1930. J. May Survey Registrai	Ededus Jour At 2 Pr an
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of cupation is very important, so that the relative health er," etc., without more preum critical mine, etc. Wom-laborer, Farm laborer, Loborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, Spinner, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. definite salary), may be entered as Housewife, House tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servand, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on (b) Collon mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, Architect, Locomotive engineer, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Labur pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasins); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-"Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. State cause for which surgical operation was undercan be ascertained as the cause. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by approved Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma, FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the " "Marasmus," "Old Age," "Shock," Chronic valvular etc. The contributory Always qualify all "" "Convulsions, heart discuse;

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institu-Jon, give lis NAME inetend of street and a.umber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. 3 SEX WIDOWED OR DIVORCED (Write the word) CERTIFY, That I attended the deceased from no 6 DATE OF BIRTH that I last saw h ...... alive on ...... 192....., 192..... (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. ..... vrs...... 6. mos...... ds. or .... min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work..... plaii (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country (Duration) ......yrs. .....mos.... 10 NAME OF FATHER .... 1927 ((Address). II BIRTHPLACE ENT OF FATHER \*State the Disease Causing Death, or, in deaths from 000 (State or country Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homichdal. AC C 12 MAIDEN NAME 0 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) stat 13 BIRTHPLACE At place OF MOTHER of death ..... yrs. .... mos. ..... da. State,.....yrs.....mos.....da 0 (State or country) Where was disease contracted, if not at place of death?..... Of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence. statem 19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL ADDRESS 60 Registrar of more blanks are needed, address State Registrar. 16 Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons ployed, as At \*chool or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe For many occupations a single word or or At Home, and children, not gainfully emwithout more precise specification as Day As examples: (a) The ques-

Statement of Cause of Death—Name, first, the disdease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"

> Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shoek," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropey," "Exhaustion," "Heart failure." "Haemorvulsious," eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tunor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease (merely (second-

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration, Dist. No.

(If death occurred In a hospital or institution, give its NAME is -

DATE OF BURIAL

ADDRESS

)-	***************************************	number.)	
MEDICAL C	ERTIFICATE O	F DEATH	
6 DATE OF DEATH	ecembr	119.	1930
17 I HEREBY CER. Movembu 29, 1	(Month) TIFY, That I atto	nded the dece	(Year)
hat I last saw h Analive	on Decer	ubu 19	7, 19,30,
The CAUSE OF DEATH * w	vas as follows:		
Pulmon	ary lu	breul	1200
	(Duration)	_yrsmos	da,
Contributory Secondary	/D \		†
Signed) Clar ecembre 19, 1930 (Ad	Les Do S Carling St dress)	Jeen Ke	M. D.
*State the Disease Violent Causes, state (1 Accidental, Suicidal or Hon	Causing Death,  Means of Inju	or, in death ury and (2)	s from Whether
8 LENGTH OF RESIDEN ients or Recent Resident at place	*)	Left	- 11
f deathyrsmos.		7/5 m	10sds.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all approved (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease; and consequences (e.g., sepsis, Example: Measles (disease " "Coma," "Convulsions, etc. The contributory Measles;

S No. 1

PLACE OF DEATH	04716 STATE OF MARYLAND
County Three much	CERTIFICATE OF DEATH
	Registration Dist. No. 33 /.
Village or City Walerman (No.	St.: Ward) (If death occurred la hospital or institution, give its NAME in
2FULL NAME 2021 D. GOL	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	DATE OF DEATH Y - 11 1923 0
Mac (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1927. to 11 193
(Month) (Day) (Year)	that I last saw h alive on 192
7 AGE / If LESS than	
ds. or min.	
BOCCUPATION Inosds. ormin.	T. U las
(a) I rade, profession or particular kind of work	
(b) General nature of industry	3 3
business, or establishment in which employed or (employer)	(Duration) yre
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durstion)yrsmos
10 NAME OF GOLD LONG	(Signed) Willow M.
11 BIRTHPLACE	1-11923 PAddress) handingho my
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Suppose Levingston	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trun fents or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
	Former or
all all a zura least	usual res.dence
(Informant) Mrs. 71111, Cox	
(Informant) Mrs. WM. Lox (Addresa) Watersriew U.g.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Manticake Md 4 1, 19 8
To Take welld	usual res.dence

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to c ch and every person, irrespective cf or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY for malignant neoplasms); Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory Mcasles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NENT BINDING WITH UNFADING INK-THIS IS A PER MARGIN RESERVED FOR WRITE N. B.--

S. No. 1

PLACE OF DEATH	0.3385
1 1 1 1	STATE OF MARYLAND
County Wie auco	CERTIFICATE OF DEATH
5	Registration Dist. No. 333
Village or City Jales Sun, Bad. 19	de Gerling (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED.	16 DATE OF DEATH
Whole. White OR DIVORCED (Write the word)	16 DATE OF DEATH 3 - 21 - 1930, 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
3-25-1930	Haven 51,1390 " mgg 57," 1380
(Month) (Day) (Year)	that I last saw handlive on 5-25-, 19280,
7 AGE   If LESS than   I day / hrs.	
yrs, mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	(Memanual Bouth
particular kind of work	
(b) General nature of industry business, or establishment in	(Dusation) yrs, anos ds.
which employed or (employer)	Contributory from the same same
9 BIRTHPLACE (State or country) Mary and	Secondary
10 NAME OF	(Durgion) mos mos
FATHER Mu Resource.	(Signed)
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Balas Way Crocker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs. Lew. Yearl Hospita	Former or msual residence // // // // // // // // // // // // //
Will Solishan mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Multiple (Address)	20 UNDENTAKER ADDRESS
15 Filed Mch 25 1830. L. May luner	1 11. Bushan B. 1 nd
Registrar  If more bianks are needed, address State Registrar	1, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Spinner, nature of the business or industry, and therefore an Civil engineer, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at Lome, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. busine... that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BURBAU

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septionomia," "PUERPERAL perilonitis," etc. "Uruemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Macmorrnage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.: Bronchopneumonia (secondary), (secondar, Chronic interstitial nephritis, Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. Then ture of the injury, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY name origin; "Cancer" is less definite; avoid or intercurrent) affection necd not be for malignant neoplasms); Measles; Chronic valvular heart disease, etc. The Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Exact

IS A	ACE	o that
TH UNFADING INKTHIS I	should be carefully supplied.	E OF DEATH in plain terms se
WI	lation	CAUS
	inorni	<b>s</b> tate
Pl	of	nid
'RITE	item	s sho
W (	B Every	CIAN
	WRITE PI WITH UNFADING INKTHIS IS A	WRITE PU WITH UNFADING INKTHIS IS A BE-Every item of information should be carefully supplied. ACE

OF FATHER

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(Informant)

(State or country) 12 MAIDEN NAME

(State or Country)

(Address)

ENT

œ

PLACE OF DEATH	03384 STATE OF MARYLAND
County Wicamico	CERT!FICATE OF DEATH Registration Dist. No. 333
Zillage or CitySalisbury Md. (No. Peninsuls  2FULL NAMEBelauh May Cropper	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) 25 (Day) 3 O(Year)
Feb. 19 , 1915 (Month) (Day) (Year)	that I last saw h 2 alive on 3/25, 1990.
AGE   If LESS than   1 day	and that death occurred on the date stated above, atm.  The CAUSE OF BEATH * was as follows:
occupation (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Doration) yrs. mosds.
State or country)  Maryland	Contributory Secondary (Duration) yes most les.
10 NAME OF FATHER George Cropper	(Signed) M. D. 3/95 1981 (Address) Address)

\*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place

of deathyrsmosds.	steyzs
Where was disease contracted.	time !!
Former or usual residence Beelen	Med
O PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

19 PLACE OF BURIAL OR REMOVAL

Evergreen Cemetery 20 UNDERTAKER

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Maryland

Maryland

Mrs. George Cropper

Berlin Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Bertha Williams

Z

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servaul, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer freto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) For persons who have no occupation Automobile factory. The material As examples: (a) (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic ctc. valvular The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

/	Village or City Soliday (No. 27	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333  (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  DATE OF BIRTH  A. Q., 1930	(Month) (Day) (Year)  I HERED CERTIFY, That I attended the deceased from  1919 to 1919.
	(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  [If LESS than   day hrs. or min.]	and that death occurred on the date stated above, at
1	B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  yrs
	II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	19 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos. ds. In the State, yrs. mos. ds.
	(Informant) Win Duff  (Address) Salshluing Jy of	if not at place of death?
	Filed Jan 13 1930. J. May Junes Registrar	20 UN DEBTAKEN SADDRESS SADDRESS SADDRESS
	If more branks are needed, address State Registrar	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekcepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many (b) Automobile factory. The material If the occupation has been changed not gainfully em-(b) Grocery,

Strtement of Cause of Death—Name, first, the DISEBAL: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY Whooping (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular The contributory heart

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Theories	15406 STATE OF MARYLAND CERTIFICATE OF DEATH
County Muchael	Registration Dist. No. 333
Village or City Salishung (No. Lerinsu 2FULL NAME 1. J. S. Cellver	la Waspillel St.: 13 Ward)  a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF REATH
	MEDICAL CERTIFICATE OF DEATH
Male This or RACE SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH Jan. 19 1863.	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 20 alive on flee 3 , 1570,
7 AGE   If LESS than   I day hre.	and that death occurred on the date stated above, at 6,45 km.  The CAUSE OF DEATH * was as follows:
6 yrs. 0 mos. 19 ds. or min.?	Henry famely 400
(a) Trade, profession or Poully-nox	***************************************
(b) General nature of industry	· · · · · · · · · · · · · · · · · · ·
business, or establishment in which employed or (employer)	(Durstion) yis mos de.
9 BIRTHPLACE (State or country) Mausland	Contributory Secondary  Ourstion Jyre mos # de.
10 NAME OF Thomas Culver	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME (M. B. C. A.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marquet C. Cooper	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maueland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mes. annie Culuer,	Former or Hethers Jud
(Address) Nehw, ml.	There of Burial OR REMOVAL DATE OF BURIAL 17/12/30, 19
15 Filed Dec /7 1930. J. May Junes Registrar	The Will & Show Co. Salichung Md.
If more branks are needed, address State Registra	r, 16 W. Saratoga Sc., Balto., Requesting V. S. No. 1.

now

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ,, etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; nephritis, etc. The contributory affection need Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

HYSI-	Exact	/
ACTLY, P	lassified.	te.
BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
99	be	O.K.
hould	t may	on bac
ACE E	that i	tions
oplied.	erms so	instruc
Illy sur	oiain te	it. See
carefu	TH in	portar
ad bit	DEA	ery Im
1 shou	SECF	N is v
mation	e CAU	PATIO
nfor	stat	CCU
of i	pin	Ö
Item	sho	nent o
B Every	CIANS	staten

PLACE OF DEATH		07069	STATE OF N	
County Wicomico,			CERTIFICATE	OF DEATH
	(11.	3)	Registration I	Dist. No. 33
Village or City Hebron, (No			St.: Ward)	tion, give its NAME ir- stead of street and
2FULL NAME Virgle Darb	<u>Y</u>		######################################	number.)
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDI	CAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCI (Write the wo	ED rd)	16 DATE OF DEATH	June (Month) 14	14 193092 (Day) / 92 (Year)
6 DATE OF BIRTH		1	Y CERTIFY, That I atte	
April 4t (Month) (Day)	h , 1930 (Year)	1(1-	alive on Man	111
7 AGE	If LESS than	and that death occu	irred on the date stated	above, atm.
vrs. 2 mos. IO	I day hrs.	The CAUSE OF DEA	TH * was as follows:	
W OCCUPATION	ds. or min.?	0000		6
(a) Trade, profession or particular kind of work		cuocer	a on your	my
(b) General nature of industry	**************************************	***************************************		***************************************
business, or establishment in which employed or (employer)			(Duration)	yrs. mos & de.
9 BIRTHPLACE (State or country) Md.		Contributory Secondary	UQuu (Duration)	
10 NAME OF FATHER Albert M. Darby		(Signed)	my cons	2 M. D.
II BIRTHPLACE OF FATHER (State or country) Md	0	*State the Violent Causes.	(Address) October Disease Causing Death, state (1) Means of Inj	
12 MAIDEN NAME OF MOTHER Alice M. Darby	1.	Accidental, Suicida	l or Homicidal.  ESIDENCE (For Hospital	
13 BIRTHPLACE OF MOTHER (State or Country)		At place of deathyrs	In the	yrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW	/LEDGE	Where was disease con if not at place of de	ntracted,° a.h?	
		Former or		
(Informant) Albert M. Darby		19 PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
(Address) Hebron, Md.	TOTAL	. Hebron		June 15, 1,930
15 Filed mo / 1 19287 my &	m Wand	20 UNDERTAKER	100	ADDRESS
15 Filed Jml / J 1923 ms &	Rogistrar	W.D.Grav	enor & Bro	Sharptown.
If more blanks are needed, address	s State Registra	r, 16 W. Saratoga St.,	Balto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quessupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify al "(Exhaustion," "Heart failure," Liaemornage, "Shock," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

m

	PLACE OF DEATH	14155 STATE OF MARYLAND
	County Wisomico	CERTIFICATE OF DEATH
		Registration Dist. No. 333
v	illage or City Salisbury (No. 1	St.: 13 Ward) (If death occurred in a hospital or institu-
	2 FULL NAME asking Washiel	1 - Lyaskii, Md tion, give its NAMF. ir- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH TO CO
	Male Cal WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year	that I last saw haralive on 11 9 9 1930
7	AGE about	and that death occurred on the date stated above, atm.
	λ- <i>U</i>	The CAUSE OF DEATH * was as follows:
a	yrs. mos. ds. or min.?	DA TALL THE
	(a) Trade, profession or particular kind of work Unknows	for find & finder
631 E	b) General nature of industry	accidentally struck by an vintomobile to
Y.	business, or establishment in which employed cr (employer)	Juration yrs. mos. ds.
9	BIRTHPLACE	Contributory JMWV S
	(State or country) Unknowy	(Duration) / yram mog / da.
	FATHER MERCOWS	(Signed) M. D.
	11 PIDTHRI ACE	11/9 1920 (Address) fallsty mel
H	OF FATHER (State or country) Unknowy	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
0	12 MAIDEN NAME Unknowy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place / / In the
	(State or country) Unknowly	of death yrs des des State yrs des.
1.	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, fallsbury if not at place of death?  Former or
	(Informant) Pen, Gent Hospital	ususi res.dence
	(Address) Salesbury Meg.	Syaskin, Md. Nov. 10,130
1:	Filed 1920 . Way Summer Registral	Mrs C. G. Messick Sun Divale, My
	If more beanks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

## REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Furmer or Planter, gaged in domestic service for wages, as Servant, Cook, en at home, Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, Locomotive business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, yrs). (b) Cotton mill; (a) specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. Laborer-Coal mine, etc. Wom-Salesman. The material (6) engineer, Grocery;

spinal meningitis"); Diphtheria (avoid use of "Crous"); fover (the only definite synonym is "Epidemic cerebinto time and causation), using always the same acconted term for the same disease. Examples: Cerebrus panal Statement of Cause of Death-Name, first, the pre-Typhoid fever (never report "Typhoid Pneumonis EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

BUREA permanently filed.

ans rered in detail, it will preven data is essent al and must be

ered in detail, it will prevent further correspondence. A. Ithe is essential and must be obtained before the certificate is

mapproved "(Inanition," "Marasmus," "Old Age," "Shock," (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis. carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY causing Chronic interstitial nephritis, Whooping Examples: Accidental drowning; Struck by railway train If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on cough; Chronic Example: Measles (disease " "Coma, affection need valvular heart etc. The contributory Nomenclature of the "Convulsions, disease; not be

- 1	0.	Ar	0	Mg	()
	0.	6	U	6	U

PLACE OF DEATH

County Wellman

90

## STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 33/
Village or City Jegosskin (No	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on 192,
	and that death occurred on the date stated above, at
occupation (a) Trade, profession or Faring Laboration (b) General nature of industry	Antoly aute
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
ID NAME OF SATHER SONT HONOR	(Signed) M. D. (Address) Martin, Re
II BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANY James Salle	is LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. Stateyrsmosds.  Where was disesse contracted, if not at place of dea h?
(Informant) Typila Comish.	Former or usual residence
(Address) Juaken	Typeskin dd 6 29, 1000
15 July 2 Stow OP. Walter Walter	20 UNDERTAKER ADDRESS

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective co fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc.-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Dimblheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E.haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uracmia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) Chronic interstitial nephrilis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature ," "Convulsions, disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

V. S. No. 1

(A)	2	PHYSI-
	CORD	uily supplied. ACE shound be stated EXACTLY, PHYSI-plain terms so that it may be properly classified. Exact
DING	INK-THIS IS A PER'T NENT CORD	urd be state
FOR BIN	IS A PER	So that it n
ESERVED FOR BINDING	INKTHIS	illy supplied

1

1		IA MA
ij	PLACE OF DEATH	12778 STATE OF MARYLAND
/	County Michigan	CERTIFICATE OF DEATH
		Registration Dist. No. 333
	Village or City Jalin James. Wel 12	" Wan by ald "
2	vinage of City 1	(If death occurred in hospital or institution give its NAME in
	2 FULL NAME + Quich H. D	ere 500 letter nimber 0 0
		7
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED MANUEL.  WIDOWED.	16 DATE OF DEATH 10 - 3 - 10030
	OR DIVORCED (Write the word)	(Month) (Day) (Year)
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	ort 28 18715	9-28-1930 10 10-3-,1930
	(Month) (Day) (Year)	that I last saw h in alive on 10-3- 19230
	7 AGE [If LESS than	and that death occurred on the date stated above, atlanda
	I day hre.	The CAUSE OF DEATH * was as follows:
100	yrsds. ormin.?	Jul fistfuls
	(a) Trade, profession or	fort operating
1	particular kind of work Oyslerman	appendectoms
3	(b) General nature of industry business, or establishment in	
	which employed or (employer)	(Duration) yrs. mos ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary
	I 10 NAME OF	(Durstion)ds.
	FATHER O	(Signed) Off Alle
	o 11 SIRTHPLACE	Out 4,1925 PAddress Jan Tooks 24
	OF FATRER Z (State or country)	*State the Disease Causing Death, or, in teaths from Violent Causes, state (1) Means of Injury and (2) Whether
	12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
	of Mother Milkey Darkly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	At place In the
	OF MOTHER (State or Country)	of death yrs mos ds. State yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	with No. 1: lal	Former or usual residence esterville
	(Informant) / silie & ashiely	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 200 W 118 Mew york & sty	Jestina 1/2 Md octota 1928
	15 100 t 1-31 1- 180 T. Sleet	20 UNDERTAKER ADDRESS
	Filed 7 1920 . X . / Cay Suchular	Mas to Allegoing & Sens, Birm has Med
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH. Foreman, (b) Automobile For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery;eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic terebrospinal meningitis"); Diphtheria (avoid use of "Coup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the "Ethaustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease ," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4	¥	EX.	
	4	ė	
1	7	Hir	
-	C	288	•
	EXA	O	cat
	Po	eriy	THE PERSON
	tate	rop	0
	8 9	d e	of
	a b	y b	ack
	ine	ma	d L
	Sh	+-	8 01
	CE	hat	one
	4	0 1	Jot
	ed.	8 8	stri
	lida	ern	in
	Bu	nt	See
	HI	oiai	17
	eft	in	3
	cal	H	bo
	be	EA	1
	pin	0 "	ery
	hor	0	8
	n s	JSE	Z
	atio	CAL	Ĕ
	E	e	PA
	nfoi	sta	SCU
)	- J	p	ŏ
	N C	nou	t of
	iter	00	len
	7	NS	terr
	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHY:	CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified: Ex.	statement of OCCUPATION is very important, See instructions on back of certificate.
	1		

# c

County.

LACE	OF	DEATH	
TET	:		
v W.	100	mico	

15407

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration			5	3	1	
Registration	Dist.	No.	2	5	0	

Village	or	City	Near	Sharpt	OW (No.
4 mage	Ot	City			(1100

St.: Ward)

(If death occurred in a hospital or institution, give its NAME isstead of street and number.)

2FULL NAME James H. Dashleids					number.)
PERS	SONAL AND STATIST	TICAL PARTIC	ULARS	MEDICAL CERTIFICAT	E OF DEATH
3 sex Male	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word	D	16 DATE OF DEATH  Dec  (Month)	II 1960
6 DATE OF	BIRTH Sep		, 1 907 (Year)	17 I HEREBY CERTIFY, That I	attended the deceased from
7 AGE	23 yrs. 3	mos. 7 d	If LESS than 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows	711.
(b) Generabusiness,	, profession or kind of work La. al nature of industry or establishment in ployed or (employer)			(Duration)	yrs. 6 mos ds
9 BIRTHPLA (State o		el		Contributory Secondary (Diretion)	yrsanosdı
(2)	Ernest HPLACE	Dashields		(Signed) 1920 (Address)	
Sta	ATHER te or country) DEN NAME	d.		*State the Disease Causing Der Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	th or, in desths from Injury and (2) Whether
OF M	OTHER LOUISING	Fooks		18 LENGTH OF RESIDENCE (For Ho	spitals, Institutions, Trans
OF M	OTHER te or Country)	1			the Stateds
(Inform	ve is true to the bes	T of MY KNOW! Dashi əlds	EDGE	if not at place of death?	
`	Address) Sharp			19 PLACE OF BURIAL OR REMOVAL	Dac I3 3019
Filed (	Dec. 12,1930	maryE	Mann	20 UNDERTAKER  W. D. Gravenor & Bro	ADDRESS Sharptown

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more process. Taborer, Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, tion applies to cach and every person, irrespective of tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping cough; (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# CORD

N. B.--

	CORD	ed EXACTLY, erly classified rtificate.
BINDING	PERP NENT	shound be state it may be prop s on back of ce
FOR	S IS A	d. ACE so that ruction
MARGIN RESERVED FOR BINDING	WRITE AIN WITH UNFADING INKTHIS IS A PER NENT CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate.
	NIN	f Inford stat
	WRITE	Every Item o CIANS shoul statement of

Si-	1PLACE OF DEATH
PHY Ex	County Wicomico

04720

## STATE OF MARYLAND CERTIFICATE OF DEATH

Near Sharp	+ O SEEME			
		nielós	St.: W	ard) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
AL AND STATIST	CAL PARTICU	ILARS	MEDICAL CERTIFICAT	E OF DEATH
4 COLOR OR RACE	OR DIVORCED			1 20th 19392 (Day) (Year)
Sapi		., 1 1912 (Year)	17 I HEREBY CERTIFY, That I	
yrs. 7	mos, I ds.	If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows	
of work Fall ture of industry ablishment in	rming	•••••••••••••••••••••••••••••••••••••••	Jukeculni; G	Perstonelis.
try)	Del		Contributory Secondary (Durstion)	yısds.
Ernest Das	shields		(Signed)	aftorn no
R Md.			*State the Disease Causing Der Violent Causes, etate (1) Means of	ath, or, in deaths from Injury and (2) Whether
R Louise	Fooks			spitals, Institutions, Trans-
R			of deathyrsds.	the Stateds.
(3)		EDGE	if not at place of dea.h?	
		*****	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
			2D UNDERTAKER	April 23 36 ADDRESS Sharptown.
	AL AND STATISTI  4 COLOR OR RACE  CO1  H  Sapt (Month)  yrs. 7  fession or fair of work Fair ture of industry ablishment in d or (employer)  ttry)  Trnest Das  CE R COUNTRY)  Md.  NAME COUNTRY)  TRUE TO THE BEST  Trnest Das  Sal Sharatov	AL AND STATISTICAL PARTICU  4 COLOR OR RACE SINGLE, MARRIED, OR DIVORCED (Write the word)  H  Sapi I9 (Month) (Day)  19 (Month) (Day)  10  10  11  11  12  13  14  15  16  16  16  17  18  19  19  19  19  19  19  19  19  19	MARRIED, Single or DIVORCED (Write the word)  H  Sapt 19 , 1 1913 (Month) (Day) (Year)  [Superior (Month) (Day) (Year) (Nonth)  [Superio	AL AND STATISTICAL PARTICULARS  4 COLOR OR RACE OF DISTRICT OF DEATH  CO1 STATISTICAL PARTICULARS  4 COLOR OR RACE OF DISTRICT OF DEATH  CO1 STATISTICAL PARTICULARS  4 COLOR OR RACE OF DISTRICT  CO1 STATISTICAL PARTICULARS  4 COLOR OR RACE OF DISTRICT  CO1 STATISTICAL PARTICULARS  4 COLOR OR RACE OF DEATH  ADTI  CON STATISTICAL PARTICULARS  4 COLOR OR RACE OF DEATH  ADTI  CON STATISTICAL PARTICULARS  MEDICAL CERTIFICAT  16 DATE OF DEATH  ADTI  CON STATISTICAL  ADTI  CONTRIBUTE  THEREBY CERTIFY, That I  ADTI  CONTRIBUTE  THE THEREBY CERTIFY, That I  ADTI  CONTRIBUTE  CONTRIBUTE  THEREBY CERTIFY, That I  ADTI  CONTRIBUTE  CONTRIBUTE

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the rnysican, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation bas been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwbatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); approved letanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi by Committee on Nomenclature of the cough; Chronic valvular heart disease; "" "Weakness," etc., when a definite disease and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE IN WITH UNFADING INKTHIS	N. BEvery Item of information should be carefully supplied.
IN	informa
_	10
NITE	tem
WF	BEvery I
	ż

V. S. No. 1

1PLACE OF DEATH	15408 STATE OF MARYLAND
County Vilonico	CERTIFICATE OF DEATH
7 0	Registration Dist. No. 333
Village or City Must and (No.	St.: 6 Ward) (If death occurred in a hospitel or institution, give its NAME in-
2 FULL NAME Infaul of Virgine	a Dushiell (Still four number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Single Widowsc. OR DIVORCED (Write the word)	16 DATE OF DEATH DEC 18, 19230
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the daceased from
Cin a DEC 18 1930	
Hell Norw (Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day	and that death occurred on the date stated abova, at
© OCCUPATION  (a) Trade, profession or	Still Book
particular kind of work  (b) General nature of industry business, or establishment in  which employed or (employer)	(Durstion)de.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Dursion) yre mos ds.
10 NAME OF Everett Cottman	(Signed) MMUN D. Towner M. D. 12/9192 (Address) Salisbury Ma
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deatha from Vlolent Causes, atato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
▼ OF MOTHER X PARTIES PARTIES !	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland.	ients or Recent Residents) At place In the of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
f At Coff	Former or usual residence
(Informant) Collett Collinary  (Address) Fruitland, Ind.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Fruitland Cem Dec 19, 1930
15 Filed Dec 19 19030. & May Junes Registrar	20 UN DERTAKER acting ADDRESS Cocrett Cotting an Fruitlands
If more blanks are needed, address Stata Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesmon. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Loborer--Cool mine, etc. The ques-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiwal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; ChronicExample: Measles (disease etc. valvular heart The contributory Always qualify all Measles; disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH properly classified of certificate. Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED eq WIDOWED OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at ...... I day hrs. The CAUSE OF DEATH \* was as follows: term 8 OCCUPATION ESERV (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in (Duration) which employed or (employer) mpoi I Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) Be EA. DQ 10 NAME OF (Signed) FATHER JL 0 (Address) 11 BIRTHPLACE (C) Lal OF FATHER tstate the Disease Causing Death, or, in deaths from S Z (State or country) Violent Causes, state (1) Means of Injury and (2) Whether 30 Accidental, Suicidal or Homicidal, 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER Inform state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER \_\_\_\_yrs.\_\_\_\_mos./\_( of death. (State or Country) 00 Where was disease contracted, s should if not at place of death?. Every item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Registrar 20 If more branks are needed, address State Registral, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, c. g., Farmer or Plunter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer-Coul mine, etc. Womadditional line is provided for the latter statement; it Civil engineer, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Furmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH household only Foreman, (b) Automobile factory. The For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Solesman. Stotionary fireman, etc. But in many For persons who have no occupation (not paid Housekeepers who receive a Locomolire engineer, (b) Grocery; materia

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with re-peat to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal naningitis"); Diphtheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, curbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is election and must be obtained before the certificate is permanently filed

+ PR

V. S. No. 1

PLACE OF DEATH	10786 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist, No. 33
Village or City Jugas Regul (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and
2FULL NAME COLLAND	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple Golor or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Tel 28, 1873  (Month) (Day) (Year)	that I last saw h lalive on 1923, 1923,
7 AGE    S yrs. 6 mos. 2 ds.   If LESS than   1 day hrs.   or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry usiness, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)
10 NAME OF Polert Apphiell	(Signed) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary laskiel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds.  Where was disease contracted,
(Informant) District Saskiel	if not at place of death?  Former or usual residence
(Address) Jyaskin 11/4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 PLACE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL  10 PLACE OF BURIAL
Filed Lept, 10120 P Woolford Walter Registrar	Mrs Callesich & Sons Binalae M.
16 Linelin and middle address State Posisters	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Coak to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Or yrs). Form laborer, At Home, and children, Cotton mill; (a) For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-Salesman. (b) not gainfully em-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis-(the only definite synonym is "Epidemic cerebro" pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaennia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and a'l questions

ERVI

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on cough; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Livonico	14159 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Saliabury (No. Perinsa	Registration Dist. No. 333
2FULL NAME Makeriel P. S.	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male) I Sex 4 COLOR OR RACE 5 SINGLE. MARRIED, MIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  (Lug. 11, 1858)	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE    Month   (Day) (Year)    If LESS that   day   hrs   day   day   hrs   day   day   day   day   hrs   day   day   day   hrs   day   day   day   hrs   day   da	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Retired fairer	Much free
(b) General nature of industry business, or establishment in	(Durstion) yrs., mos., de.
9 BIRTHPLACE (State or country) Mauler &	Secondary (Durstion) & Lyrs Company de
10 NAME OF Machaniel Slashiell	(Signed) (Address) All May M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Malissa Kennelly	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Maugland	At place of death
(Informant) Rollie & Gillis	Former or usual residence fusual control of the con
(Address) Saliabuty Md.	Juniliar, Md. Date of Burial
Filed Nov. 7 1980. V. May Junes.	The Hill Janen Co Salishung
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Maito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Laborer, laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic affection need etc. The contributory valvular Nomenclature heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	County Wicomics	CERTIFICATE OF
		(1/3) Registration Dist. No
/	Village or City Coullulle, (No.	St.: Ward) (If do hos tion, ;
	2FULL NAME Infant Davis	stead numb
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
	male white Single or Divorged (Write the word)	16 DATE OF DEATH Soft 2 (Month) (Day)
	6 DATE OF BIRTH  June 23, 1936.	Seft 24 1920 to Seft
	7 AGE (Month) (Day) (Year)  1 dayhrs.	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
100	yrs	Des Colits
S. S. S. S. S.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs.
	S BIRTHPLACE (State or country) Many Dand	Contributory Secondary (Duration)
	10 NAME OF Ernest In Dans	(Signed), C g Holland Sept 26 130 (Address) Berlin
	OF FATHER (State or country) Buttarulle MA.  12 MAIDEN NAME	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
	of MOTHER Radie & ann	18 LENGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Pullanelly Ind	At place of deathyrsmosds. In the Stateyrs
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) wheat moderns (Address) Illamille and.	19 PLACE OF BURIAL OR REMOVAL DAT Bethads Remeters Ser
	15 Filed Sept 2) 1920 Le and T. Truity	20 UNDERTAKER ADDR
	If more blanks are needed, address State Registrar	, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) (If death occurred in

Pulleville Inf

\$	a hospital or institution, give its NAME in stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH BELT	26, 1920
	(Day) (Year)
17 I HEREBY CERTIFY, That I atte	St 26 , 190
that I last saw ham alive on Sent	25 , 1980.
and that death occurred on the date stated	above, at 2 A m
The CAUSE OF DEATH * was as follows:	
Des Colits	
	//>
(Duration)	yrs. mos / O ds
Contributory Secondary	·····
(Duration)	yra,ds
(Signed), Cg Hollan	d M. D
Sept 26 130 (Address) Bend	
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans
At place of death yrsds. In the State	yrsds
Where was disease contracted, if not at place of death?	
Former or usual residence	200-200-200-200-200-200-200-200-200-200
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Belhads Remetery	Sept 27, 1998
20 UNDERTAKER	ADDRESS

V. S. No. 1

M ż

## REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). business, that fact may be indicated thus; Furmer () or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r, " etc., Foremon, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Loborer-Coal mine, etc. Wom-(b) Cotton without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material mill; (a) Salesman. 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospind EASE CAUSING DEATH (the primary affection with respe Statement of Cause of Death-Name, first, the DI to time and causation), using always the same accep Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopmcumonio ("Pneumonia,"

> inges, peritonoeum, etc., Careinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; tetanus may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronie interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved Recommendations on statement of eause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature cough; Chronic Example: Measles (disease affection need etc. valvular heart Always qualify all The contributory "Haemorrhage, diseose; not be

permanently filed answered in detail, it will prevent further correspondence, data is essential and must be obtained before the correspondence. certificate is looked over thoroughly and all questions must be obtained before the certificate is Allthe

S. No. 1

N. B.--

H

PLACE OF DEATH	04718 STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
	411
0'	Registration Dist. No. 33
Village or City Sittaville (No.	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Coma ma	Maria) stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH CAPIF 20, 19230
Temale Office (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
June 20, 1867	193 U. to Affect 20, 1920
(Month) (Day) (Year)	that last saw h laive on dff 20, 1920,
7 AGE   IIFLESS than	and that death occurred on the date stated above, at 5-30 Q.m.
I day_hrs.	The CAUSE-OF DEATH * was as foliows:
62 yrs. 10 mos. Ods. or min.?	
8 OCCUPATION	I when an I to whom
(a) I rade, profession or	The state of the s
particular kind of work	
(b) General nature of industry	(Duration) yrs omes de.
which employed or (employer)	
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durattop) yrs
10 NAME OF	Kearles to Ingration
FATHER MASSES TANKETT	(Signed) M. D.
11 BIRTHPLACE	170 192 (Address) 1 Glus 147
of FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether
	Accidental, Suicidal or Homicidal.
OF MOTHER MARIA ( )	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a married activities	ients or Recent Residents)
13 BIRTHPLACE	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) Maryland	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
7/ 00	Former or usual residence
(Informant) Your D Navis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Pittarillo mil	0 1110 - 11.11-
(Address) ///////////////////////////////////	Chittanile M. G. Camilay April 21, 1930.
15 . O. 1. 12. P.O 1 1 1 1 1 1 1 1	20 UNDERTAKER ADDRESS
Filed apr. 20 1930 telaced Truest	Okas Thon And Welles Gillaille. md
Té h onlesded addre a teste Paristre	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
ir more planks are needed, address tate Kegistrai	1 to the managed and a many and a managed an

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neccs-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of laborer, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rer," etc., For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the Disbassian Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection for intercurrent) affection Measles (disease for important. Example: Measles (disease) Chronic interstitial nephritis, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertonitis," etc. can be ascertained as the cause. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJU.X American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

.

The same of the same of	PLACE OF DEATH County Miconico	08388 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
	Village or City Salishing (No. P. B No. 2FULL NAME Chailes A.	St.: 13 Ward) (If death occurred in a hospital or institu- Dans Palishy Mard of street and number.)
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHO WELL TO WHO IS TO WHAT THE PROPERTY OF THE PROPERTY OF THE PARTICULARS		MEDICAL CERTIFICATE OF DEATH
		16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH Dort Know, 1883		that I last saw h alive on 1923.
	7 AGE   If LESS than   I dayhrs. ormin.?	and that doath occurred on the date stated above, at 0.500 m. The CAUSE OF DEATH * wes as follows:  Meshouse Delease to Meshouse
1	(a) Trade, profession or particular kind of work	
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds.  Contributory Tarling Secondary
	(State or country) Believe  10 NAME OF FATHER Edward Davis  11 BIRTHPLACE	(Signed) Duration) Jis mos. ds.  (Signed) M. D.  (Ny 2 1923 3 (Address) Delethy
	OF FATHER (State or country) Weleva  12 MAIDEN NAME OF MOTHER Oletta Dyken	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)  Manyland	At place of death yrs mos de. State yrs mos de.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	Former or usual residence / 5 Waites St. Selishing, md
	(Address & 99 Brown st. Dality	arous Cem July 3, 180
	Filed July 3 1930. V. May Justice Registrar	Holloway + G Salishung Ha
H	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Boto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. work, or At Home, nature of the business or industry, and therefore an additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm (duties, see engaged in the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the and children, not gainfully emmill; (a) Salesman. (d) Grocery,

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid facer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(Recommendations on statement of eause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicids; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perdonilis, American Medical Association.) approved by Committee on as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sareoma, etc., oi Examples: Aecidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease affection need not be ete. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	OA7719 STATE OF MARYLAND
County Meonico	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village on City Saliahaus Mr. Lewis A	what Nespitales 13 month (If death occurred in
Village or City Sullabury (No. 100)	(If death occurred in a hospital or institution, give its NAME ir
2FULL NAME CVA Blanche	Names Saladon steed of steet and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MUNICAL WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH April V, 1930
6 DATE OF BIRTH	(Month) (Day) (Year)
Mad V8 -ON	March 29 150 to april 2 1923 6
(Month) (Day) (Year)	that I last saw har alive on agree 2 1930
7 AGE   IIf LESS than	and that death occurred on the date stated above, at 5.37 m.
I day hrs.	The CAUSE OF DEATH * was as follows:
73 yrs. 7 mos. 4 ds. or min.?	Darliesuis
(a) Trade, profession or	
particular kind of work / / / / / / / / / / / / / / / / / / /	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) General nature of industry business, or establishment in	(Duration) yrs mos ds,
which employed or (employer)	Contributory Purpus Inferior
9 BIRTHPLACE (State or country)	Secondary
- Mayland	(Duration)nosds.
10 NAME OF STATHER	(Signed) M. p.
0) 11 BIRTHPLACE	1926 (Address) Calebry 104
C (State or country) Maculand	*State the Disease Causing Death, or, it deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME 6 P	
of MOTHER (va del Tarker)	18 LENGTH OF RESIDENCE (For Hoapitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER M	At place 2 In the
(State or Country) Mulland	of deathyrsmosds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) (), A. Discon,	Former or usual residence Alla Marie
M. I. M. I D. A.	19 FUACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hellelluly M. M. W. V	Taisono Cenercy, Falielian 4/4/3, as
15 Filed age 4 1930, C- Way Turner	20 UN DERTAKER ADDRESS
Registrar	The Hell & Whaten & Salieling, R.S.
If more bianks are needed, address State Registrar	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or yrs). Farm laborer, At Home, and children, Compositor, Architect, For persons who have no occupation (b) Automobile factory. If the occupation has been changed Laborer-Coal mine, etc. Wom-Locomolive engineer, not gainfully em-The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need not be Carcinoma, Sarcoma, etc. The contributory Nomenclature of the etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

	0	XO
	WITH UNFADING INKTHIS IS A PERM-NENT R	ion should be carefully supplied. ACE should be stated EXA
	I H	ate
75	EZ	9 8
Ž	7	9 0
10	SM	na
31	PEF	sho
MARGIN RESERVED FOR BINDING	A	CE
O	IS	A
-	IS	ed.
13/	TH	ppli
R	X	sul n
SE	Z	illy
R	5	In
Z	D	Cal
3	FA	De A
AF	S	E D
2	H	0
	VIT	ISE S
	15	90

PHYSI-St.: Ward) See instructions on back of certificate. PERSONAL AND STATISTICAL PARTICULARS S SINGLE, & 4 COLOR OR RACE 3 SEX MARRIED, OR DIVORCED (Write the word) (Month) (Day) (Year) IlfLESS than 7 AGE I day hrs. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry d state CAUSE OF DEATH IN PIE business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME of Informati OF MOTHER 13 BIRTHPLACE OF MOTHER Every Item of In CIANS should a statement of OC (State or Country) Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balte., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 334

Davis	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFI	CATE OF DEATH
16 DATE OF DEATH	19. 26, 130 (Day) (Year)
	nat I attended the deceased from
that I dast saw han alive on and that death occurred on the da	hz 26, 192
The CAUSE OF DEATH * was as fo	
(Durst)	on) vie 1700 / 3 de
Contributory Secondary	Elestro S.
(Signed) 1922 (Address)	M. D.
*State the Disease Causing Vlolent Causes, state (1) Mear Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
	r Hospitals, Institutions, Trans
At place of deathyrsmosds.	In the State yrs mos ds
Where was disease contracted, if not at place of death?	***************************************
Former or usual residence	
19 PLAGE OF BURIAL OR REMOVE	~ aug 27, 1930
20 UNDERTAKER	Ca Salishush

S. ò WRITE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Without more record mine, etc. loborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory firemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) sary to know (o) the kind of work and also (b) the to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The not gainfully emmaterial Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease ingcs, peritonoeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-Whooping FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That Tattended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: (Duration) 192 2 Address \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of lnjury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the ....yrs.......mos......ds. Where was disease contracted, if not at place of death? DATE OF BURIAL 19 PLACE OF BURIAL ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Campositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—cout mine, eve. wour-Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. to report specifically the occupations of persons enetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as (b) Automobile factory. The material (a) the kind of work and also (b) the (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the ('hronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	05955 STATE OF MARYLAND
County Musnies 74	CERTIFICATE OF DEATH
	Registration Dist. No. 33,3
Village or City Salisbury (No. 471 C	St.: 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Theodore Hile of	duis stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hite Stire (Write the word)	16 DATE OF DEATH  May  (Month)  (Day)  (Year)
6 DATE OF BIRTH (Month) (Day) , 1859 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 to 200, 1920, that I last saw harmalive on 200, 1920,
71 yrs. 1 mos. 5 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Painter	Shins -
(b) General nature of industry  Obusiness, or establishment in	a Centeral
which employed or (employer)	Contributory 2 deliver auch as hemaly
9 BIRTHPLACE (State or country) Mauyland	Secondary  (Duration) yrs more useful.
10 NAME OF FATHER CLARLES STATES	(Signed) M. D.
11 BIRTHRI ACE	hagt 1930 (Address) talesting high
OF FATHER (State or country)  Mauyland  12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sala Xlunian	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  MANULANA	At place In the of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Edward II. Slavies,	Former or usual residence
(Address) Salisbury Mg	Ml. Jion Harrester 6. 3/3/30, 10
15 Filed May 3 1930. & May Survey Registrar	The Will & Johnson C. Salisbury MA
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Architect, Locomotive engineer, 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease American Medical Association.) letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinona, Sarcoma, etc., of (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial resulting from childbirth or miscarriage as cough; Committee on nephritis, Chronic The nature of the injury, affection need not be etc. valvular heart disease; Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Wicom Registration Dist. No.\_ Clardo Med. R.D.1 Ward) (If death occurred in a hospit..l er institution, give ite NAME is stend of street and r.umber.) PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 3 SEX 16 DATE OF DEATH WIDOWED ... NION OR DIVORCED (Month) (Write the ward) EBY CERTIFY, That I\_attended the deceased from 6 DATE OF BIRTH <u>m</u> mar structions that (Day) (Conth) (Year 00 stated above, h 1-409 m. and that death occured on the date 0 fLESS than 7 AGE The CAUSE OF DEATH I day hrs. eliddu min.? Ш OCCUPATION 0 ERV (a) Trade, profession or ain S particular kind of work (b) General nature of industry S Q business, or establishment in (Duration) importa 0 which employed (r (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (state or country) EA St. 0 (Address) O W the Discase Causing Death, or, in deaths from PARENT W Z Violent Caus s. state (1) Means of Injury and (2) whether CAU Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For hospitals, Institutions, Trans-00 ients or Recent Residents) state 13 DIRTHPLAC In the At plane OF MOTHER State\_\_\_\_\_yrs.....mos..... of death ... S should s (State or country) Where was disease contracted, if not at place of death? usual res.dence..... Every CIANS staten If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Wilnes-Inhorer, Farm laborer, Loborershould be used only when needed. As examples: ~ additional line is provided for the latter statement : it sary to know fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an the first line will be sufficient, e.g., I ormer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation - Frecise statement of oc whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many Physician, Compositor, Architect, Locomotive engineer, Foremon, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day (b) Automobile foctory. The material For persons fa the kind of work and also (b the who have no occupation (4) (hocory,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discline. Examples: Cerebrospinal fever (the only definite synonym is "inpidemic ecrebrospinal menic, itis"); Diphtheria avoid use of "Croup"; Typhoid fewer (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia. "Pneumonia."

RECEIVED

BUREAU

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Curvinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., selwis, tetanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICE A., taken. For violent deaths state means of injuly State cause for which surgical operation was under-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death accident; Revolver wound of head-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory -homicide; Poisoned by not be

If this certificate is looked near thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PER WRITE V. S. No. 1

	PLACE OF DEATH	OFOEC STATE OF MARYLAND		
	County Muonico	CERTIFICATE OF DEATH		
1	ANNUM CONTRACTOR OF CONTRACTOR	Registration Dist. No. 333		
	Village or City Salushury (No. Terr Jers	Ward) (If death occurred in hospital or institu-		
	2FULL NAME Lilian Brewings	Con Lesais, Salas murage, treet (and		
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MULLED OR DIVORCED (Write the word)	16 DATE OF DEATH  May  (Month)  (Day)  (Year)		
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
3	(Month) (Day) (Year)	that I last saw h W alive on 3 - 18 - 193 (1		
	7 AGE [IfLESS than	and that deeth occurred on the date stated above, at		
	1 day hrs. 7 mos. 5 ds. or min.	The OUSE OF DEATH * was as follows:		
1	B OCCUPATION .	the state of the s		
E.	(a) Trade, profession or particular kind of work Devaduate Nucce			
F	(b) General nature of industry business, or establishment in	(Duration)		
1	which employed or (employer)	Contributory / Munning orden		
	(State or country) Muyland	Secondery (Duration) yrs mos. de.		
	10 NAME OF SATHER ON SATHER	(Signed) M. D.		
	11 BIRTHPLACE	May 19 1908 (Address) Seeling my		
	OF FATHER (State or country)  12 MAIDEN NAME IN  15	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	of MOTHER Mary C. Nawl	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents)		
	13 BIRTHPLACE OF MOTHER (State or Country)  Maugland	At place of deathyrsmos. 6 ds, In the Stateyrsds.		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease controcted, hurlessure if not et plece of deals?		
1	(Informant) 621. Decision glow	usuel residence		
1	(Address) Relshelf Beach Del.	Tocono he Cely, Md. 5/20/30, 19		
	Filed May 20 1930. 6-May June	The Hill's Plasse G. Salishung M.S.		
1	If more bienks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Warnie Registration Dist. No. Village or City Willands (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME is certificate. margaret leun Dem stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED ay be WIDOWED CR DIVORCED I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 2 0 struction and that death occured on the date stated above, at .... If LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? ul Birth B OCCUPATION (a) I rade, profession or plain nt. Se particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer) 9 BIRTHPLACE Secondary 11 BIRTHPLACE OF FATHER \*St. te the Disesse Causing Death, or, in deeths frem L Violent Caus s, state (1) Means of Injury and (2) whether (State or country) CAU Accidental, Suicidal or Homicidal. RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Fiospitals, Institutions, Trans-PA state CCUP/ ients or Recent Residents) 13 DIRTHPLACE In the At place OF MOTHER of deeth. (State or country) Ö Where wes disease contracted. if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement usual res.dence ..... 19 PLACE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

er," etc., Without taborer, Laborer Coat mane, taborer Form laborer, Laborer Coat mane, who are engaged in the duties of the at home, who are engaged in the duties of the area. Civil engineer, Metionery fireman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesmon. (b) Foreman, (b) Automobile factory. The should be used only when needed. As examples: " additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know 'a the kind of work and also (b the cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. played, as At school, or At home. Care should be taken worked on may form part of the second statement Physician, Compositor. Architect, Locomolive whatever, write None. to report Never return 'Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on specifically the occupations of (6) persons enmaterial engineer, Grovery;

Statement of Cause of Death—Name, first, the Disease Causing death the principly affection with respect to time and causaton), using always the same accepted term for the same discless. Examples: Carebrospinal fever (the only definite synonym is "Condemic cerebrospinal menicipitis"); Diphtheria avoid use of "Croup"; Typhoid fewer (never report "Typhoid Pneumonia"; Lobor pneumonia. Franchapmeumonia ("Pneumonia";

as tracture of skull, and consequences (e.g., selses, telonus) may be stated under the head of 'contributory' "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "(Tranition," "Marasmus," "Old Age," "Shock," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Meosles (disease (secondary or intercurrent) Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomo, Sorcoma,, etc., ef . . . . . . (name origin; "Cancer" is less definite; avoid carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOWICH AL, State cause for which surgical operation was diseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing BurdoonM unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences 'e occident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OFINJU:Y American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) by ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Ilaemorrhage, cough; Committee on Chronic volvular affection need etc. The contributory Nomenclature of the Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. ... the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Wiconies	05957 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 332
Village or City Willards (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME it stand of atreet and number,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MARRIED, MIDOWED. CR DIVORCED (Write the word)	16 DATE OF DEATH May 3 , 130
6 DATE OF BIRTH  (:.:onth) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from and 9, 27, 1925, to may 3, 1970, that I last saw how alive on all 1, 1929, and that death occured on the date stated above, at 912 m.
7 AGE  76  77  78  78  78  78  78  78  78  78	Cultral Hamorshage
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. & mis ds.
10 NAME OF FATHER GEORGE Welkins  11 BIRTHPLACE OF FATHER (State or country) Maryland  (State or country) Maryland	(Signed) (Duration) yrs. mos. ds.  (Signed) Q H olland M. D.  M. D.  *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Julia Dans	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For hospitals, institutions, Transients or Recent Residents)
OF MOTHER (State or county) Manyland	At place of death
(Informant) Elmer Wilkins  (Address) Willards gnd.	if not at place of death?  Former or usual residence
Filed May 4 1930 Leland J. Trinth Registrati	23 UNDERTAKER APROPESS  M Parka Watam Subjielle  16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a sary to know (a) the kind of work and also (b) the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, et. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return 'Laborer,"". Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day Cotton mill; (a) Salesman. (b)
(b) Automobile factory. The who are engaged in the duties of the Laborer-Coul mine, etc. Wom-(6) material engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

to): Tuberculosis of lunos

telanus) may be stated under the head of "contributory" "Exhaustion," "Heart failure," "Laemorruage, "Shock," "Slanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection mean (disease inges, perilonaeum, etc., Carcinoma, Sarcoma., etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaennia," "PUERPERAL peritonitis," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on cough; Chronic etc. The n\_ture of the injury, valvular Nomenelature Always qualify all The contributory heart Measles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A .the data is essential and must be obtained before the certificate appearmanently filed.

N. B.

PLACE OF, DEATH	02288	STATE OF MARYLAND
County Micomico	U.Ann	CERTIFICATE OF DEATH
7, C. 1. 1	44	Registration Dist. No. 333/
Village or City Wall Market		St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Sarah L. Der	inis	tion, give Ita NAME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
Fernale Witches (Write the word)	16 DATE OF DEATH	Month 25 , 1930 (Year)
6 DATE OF BIRTH	17 A I HEREBY	CERTIFY That I attended the deceased from
March 15, 1886	Dec 10	1980. to March 26, 1930.
(Month) (Day) (Year)	that I last saw h	alive on 25,
7 AGE    If LESS than		red on the date stated above, atm.
1 day hrs. o mos. 10 ds. or min.?	The CAUSE OF DEAT	H * was as follows:
8 OCCUPATION (a) Trade, profession or 1 to 1	0×10×1×1×1×1×1×1×1×1×1×1×1×1×1×1×1×1×1×	
particular kind of work W 15000	Carcino	ma of Stomack
(b) General nature of industry business, or establishment in		(Duration) yrs mos ds.
which employed or (employer)		
9 BIRTHPLACE (State or country)	Contributory Secondary	(Durstion)ds.
10 NAME OF FATHER AND SALES SA	(Signed) H. C. C	omaway M.D.
o II BIRTHPLACE		(Address)
(State or country)	*State the Di Violent Causes, sta Accidental, Suicidal	sease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether or Homicidal.
of MOTHER WAY A MOTOR	1B LENGTH OF RES	
13 BIRTHPLACE	At place	in the
OF MOTHER (State or Country)	of deathyrsm	osds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contri	acted, h?
71, 70, · 1. H. 4	Former or usual residence	
(Informant) Mis Margue Drinlingham	19 PLACE OF BURIA	OR REMOVAL DATE OF BURIALZ,30
(Address) Salidany, M.S.	Carron	and Come Marale 27 30
15 70 0 13 21 Ch 75 The	20 UNDERTAKER	ADDRESS
Filed Mich 27 1920. L. May Junes.	The Hill	e Homson & Salishus, Md.
If more branks are needed, address State Registrar	, 16 W. Saratoga St.	Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is neces-sary to know (a) the kind of work and also (h) the laborer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., whatever, write None. or given up on account of the DISEASE CAUSING DEATH business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, not gainfully em-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia;"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart mure, macure, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary as fracture of skull, and consequences (e.g., sepsis, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND HYSI-Exact PLACE OF DEATH CERTIFICATE OF DEATH 0. Registration Dist. No. (If death occurred in Ward) a hospital or institu-Village or City tion, give its NAME in stead of street and certificate number.) proper MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH COLOR OR RACE 3 SEX MARRIEO. WIDOWED. it may be OR DIVORCED (Write the word) That I attended the deceased from 6 DATE OF BIRTH instructions that (Year) (Day) and that death occurred on the date stated above, at fine ?. If LESS than 7 AGE 80 The CAUSE OF DEATH \* was as follows: I day ..... hrs. supplied terms or min.? 8 OCCUPATION Ф (a) Trade, profession or 200 particular kind of work (b) General nature of industry (Duration) .....yrs. ..... mos., business, or establishment in which employed or (employer) Contributory Secondary 9 BIRTHPLACE imp MARGIN (State or country) 10 NAME OF OP 11 BIRTHPLACE \*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIUEN NAME 18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-0: OF MOTHER 4 ients or Recent Residents) In the 13 BIRTHPLACE At place of death \_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds. OF MOTHER (State or Country) Where was disesse contracted, 00 it not at place of dea h?... CIANS should statement of 6 14 THE ABOVE IS TRUE TO THE Former or usual residence OATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Informant) (Address) ADDRESS 20 UNDERTAKER Hall Registras If more b.anks are needed, addre.s : tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Foreman, (b) Automobile first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary freman, etc. But in many Salesman, (b) Grocery; factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

st\_ted unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menlclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic and consequences (e.g., sepsis, Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH	
County Milamila	Registration Dist. No. 33	
Village or City Salisbury (No. Penensul. 2FULL NAME annie Des		
PERSONAL AND STATISTICAL PARTICULARS		
LE CINCLE A	MEDICAL CERTIFICATE OF DEATH	
female a a MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Day)  (Yes	
Del 20 1903	July 16 1970 to July 26, 14	
(Month) (Day) (Year)	and that death occured on the date stated above, at	
7 AGE    If LESS than   day hrs   day or min.	The CAUSE OF DEATH * was as follows:	
26 yrs. / mos. 6 ds. or min.	Typhord Fever	
(a) Trade, profession or	C/gross for	
particular kind of work Domestel		
business, or establishment in		
	(Duration) yrs mys	
Which employed or (employer)	(Duration) yra man	
9 BIRTHPLACE (State or country)	Contributory y knowled e	
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration), yrs. mos.	
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos.	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Author Bluins  (1) 11 BIRTHPLACE	Contributory Secondary  (Duration), yrs. mos. of Mann.  (Signed) July R Mann.	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  (State or country)	Contributory Secondary  (Duration) yrs mos.	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 (State or country)	Contributory Secondary  (Duration), yrs. mos. of Mann.  (Signed) July R Mann.	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 OF MOTHER	(Signed)	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary  (Duration) yis mos  (Signed) #State the Disease Causing Death, or, in deaths fr. Violent Causes, state (1) Means of Injury and (2) wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, intents or Recent Residents)  At place of death yis mos ds. State yis mos	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  LULLIN SLAVEN	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, of, in deaths fr. Violent Causes, state (1) Means of Injury and (2) whell Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, intents or Recent Residents)  At place of death  Where was disease contracted, if not at place of death?  Former or usual residence of Dalishury  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  (Signed)	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  LULLIN SLAVEN	(Signed)	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Ciril engineer, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. definite salary), may be entered as Housewife, House-mork, or At Home, and children, not gainfully emen at home, laborer gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed tired 6 yrs). business, that fact may be indicated thus; Farmer (rewhatever, write None. etc., For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-ome, who are engaged in the duties of the without more precise specification as Day Compositor, Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> inges, perilonaeum, etc., Carcinoma, Sarconu, etc., of . . . . . . . . (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need Whooping "Debility" ("Congenital," "Senile," cte.), "Dropsy, causing "Inanition, "PUERPERAL scotticacmia," "PUERPERAL peritonitis, ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, State cause for which surgical operation was underdiseases as fracture of skull, and consequences (e.g., sepsis, totanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, curbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainapproved by Committee on (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shoek "Heart failure," "Haemorrhage, Chronic valeular heart disease; ete. Nomenclature of the The contributory not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 4 COLOR OR RACE | 5 SINGLE, OLD 3 SEX MARRIED. WIDOWED OR DIVORCED (Write the word) CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: day ..... hrs. 90 8 OCCUPATION (a) Trade, profession or particular kind of work ...... pla (b) General nature of industry business, or establishment in (Duration) .....yrs.....mos..... which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 (Address) ... O. II BIRTHPLACE RENT \*State the Disease Causing Death, or, in thaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or counties) 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) Sta 13 BIRTHPLACE ŏ At place In the OF MOTHER State, ..... yrs. .... mos. .... de of death mos ..... da. (State or country Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?..... statement usual residence .... (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it cases, especially in industrial employments, it is neeesthe first line will be sufficient, e. g., Farmer or Planter, tion applie: to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary foremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day As examples: (a)

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia");

quences (e.g., sepsis, tetanus) may be stated under the eonditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) ment of eause of death approved by Committee head of "contributory." (Recommendations on stateture of the injury, as fraeture of skull, and eonse-Poisoned by carbol's acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State eause for which surgical operation was under "PUERPERAL septicaemia:""PUERPERAL peritonitis," ete. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion." "Heart failure." "Haemor. vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), W ds. eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" Accidental drowning; Struck by railrear Never report mere symptoms or terminal Chronic valvular heart ("Congenital," "Senile," etc.); discase; (merely (seeond-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

R 5 1930 REAU V.

V S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Waconico	CERTIFICATE OF DEATH
~	(129) Registration Dist. No. 333
Village or City Fruitland (No	St.: / Ward) (If death occurred in a hospital or institu-
2FULL NAME Ellen Deshiele	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE 5 SINGLE, MARRIED, Married OR DIVORGED (Write the word)	16 DATE OF DEADER COMPEN 10 , 1930  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
11 2 1892	192 to VEC 10, 192 50
(Month) (Day) (Year)	that I last saw h M alive on WEC / O , 1920,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
38 yrs. 1 mos. 8 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION  A Trade, profession of	Chronie Interstitul Ket hortes
particular kind of work Housewife	
(b) General nature of industry business, or establishment in	7/4. Res 04.74 ( 12
which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
110 NAME OF	Duretten yrs. mos. ds.
FATHER Eben Stanford	(Signed) MM Nowne M. D.
OF FATHER	192 (Address) All War Jan Comments of the Comm
Z (State or country) Naryland	*State the Disease Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Elenora Brewnston	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country) Naryland	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Elmen Weshield	Former or usual residence
t in a mi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Fruitland Md.	Fruttand Md. Family Center Dec. 12, 1930.
Filed Dec 12,19830. J. May Turner	James F. Stewart Salsbury Wid
A	A W Sanaton St Rules Francising V S to 1
it more blanks are needed, address trate hegistrar	402 & Church

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefere an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as ".PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; Chronic Example: Measles (disease Tuberculosis of lungs, menetc. The contributory valvular heart disease;

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, c. g.. Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Ireman, etc. But in many Physician, Compositor, Architect, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Spinner, (b) Cotton mill; (a) Salesman. (b) worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Deallaborer, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the gaged in domestic service for wages as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus; Farmer (rewhatever, write Nonc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer yrs). without more precise specification as Day (b) Automobile factory. The For persons who have no occupation person, irrespective of -Coul mine, etc. Wom-Lacomotive engineer, not gainfully emmaterial Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ("crebros pinal fewer (the only definite synonym is "Epidemic cerebros-inal meningitie"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Labar procumonia, Bronchopmeumory,

> inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be "Debility" ("Congenital," "Senile," etc.), "Dropsy" ("Exhaustion," "Heart failure," "Haemorrhage, "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," ..... (name origin; "Cancer" is less definite; avoid "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. State cause for which surgical operation was underand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainapproved by Committee on (Recommendations on statement of cause of American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; for malignant neoplasms); Chronic Example: Measles (disease etc. valirular Nomenclature of the The contributory Always qualify all heart discuse; "Dropsy, Measles; death

If this certificate is looked over thoroughly and all questions answered in defall, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate to permanently filed.

CEIVEL EC 6 1930

10 Marin

PLACE OF DEATH	STATE OF MARYLAND
Jounty Sellosselle	CERTIFICATE OF DEATH
	Registration Dist. No. 36 133
Willage or City Soleslesse (Noten - 1)	lette 1 to
Willage or City Jalenting (Not free the	Ward) (If death occurred in a hospitul or institution, give its NAME it.
2 FULL NAME Moss of holes	stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH    102   192   (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Malive on flower / 5 , 1925th,
7 AGE   If LESS than	, , , , , , , , , , , , , , , , , , , ,
18 yrs. 9 mos. 8 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	92 Filma fine
(a) Trade, profession or particular kind of work	
(b) General nature of industry	, , , /
which employed or (employer)	(Duration) yrs. (mos./.f. ds.
9 BIRTHPLACE	Contributory LIVAT FORMANA
(State or county)	Derayon), yrs. mos. 2 ds.
FATHER Salow on Desheeld	(Signed) M. D.
11 BIRTHPI &CE	Jung 16 199 L (Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charlet Garley	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not st place of dea.h?
(Informant) Solomon Weshield	usual residence to a puller
$(\Omega_{\Lambda})$	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) hullmar Dr. H	Unen Ilan ma puni. 1930
Filed fine 16 1930 WJ Down Registras	20 UN DERTAKER JODGRESS.
If more banks are needed, address Ltate hegistra	r, 16 W Stratoga St., Balto., Requesting V. S. Ivo. 1.

AMAMIA

(Approved by U. S. Consus and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). er," etc., without more precise specimeation as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

approved by Committee on (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failurc," "Haemorrhage," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X Chronic etc. The contributory valvular Nomenclature of the heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY, PHYSI-properly classified. Exact of certificate. CORD torms so that it may be se instructions on back CIAMS should statement of O

(	7	6	_	
	,			

PLACE OF DEATH
County W Leomics

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2.4.3

Tillage or City Salisbury mod	Pen Gen Hospelal Ward)
2FULL NAME Bruning Dr	

(If death occurred in o hospital or institu-tion, give its NAMFair-stend of street and number.)

PERSONAL / ND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED  MIDOWED  OR DIVORCES  OR DIVORCES  (Write the word)	16 DATE OF DEATH Lotter 27 , 1930 (Year)
6 DATE OF BIRTH  (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the decoased from Clubber 16 1930 to Clubber 27, 1939 that I last saw her alivo on 192
7 AGE   If LESS than   day hrs.   ds. or min.?	The CAUSE OF DEATH * was as follows:  The CAUSE OF DEATH * was as follows:  The CAUSE OF DEATH * was as follows:  Dear of the cause of
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	explosion in an automobile Guston (Duration) yes fredden do.
10 NAME OF FATHER Sohn Dickers  11 BIRTHPLACE (State or country)  OF FATHER CON OF FATHER (State or country)	(Signal) M. D.  *Tt.te the Discase Causing Death, or, In deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Willie Trader  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recont Residents)  At place of death wis mos O ds. State yrs mos O ds.  Where was disease contracted a way by the place of death?
(Informant) Pen Ish Thorpetal (Address) Islandry mid	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Mappivelle  Oct. 31, 17 3
Filed Oct 27 19:30, St. May Sunner Registras  If more b.anks are needed, address State Registras	20 UNDERTAKER  LE Thomas  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### XI FL 12 WITH FALL THAT INSTRUMENT Y BEEN To the series to the series of ALUDOC A.I. E

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," et:.. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile Laborer-Coul mine, etc. factory. The material Grocery; Wom-

Statement of Cause of Death—Name, first, the hist EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrostinal fever (the only definite synonym is "Epidemic cerebrol spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Heart failure," "Heart failure," "Heart failure," "Heamorrhage," "Shock," "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train-Whooping cough; approved by Committee on Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart discuse; Nomenclature Always qualify all Measles ;

answorld in detail, it will prevent further correspondence. A lthe data is event at and must be obtained before the certificate is permanently filed.

No.

σå

0

	PLACE, OF DEATH	STATE OF MARYLAND
	County Wicomico	CERTIFICATE OF DEATH
	County	7544
	Village or City No Willarde (N)md	Registration Dist. No.
	January Wasser Market State Constitution of the State of	St: Ward) (If death occurred in a hospital or institu-
	2 FULL NAME Edward Burton D	tion, give its NAME it- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED  OR DIVORCED  (Write the word)	16 DATE OF DEATH 200 19-, 1930
	Triace riaces	(Month) (Day) (Year)
	Mars 5th 1852.	192 to
	(Month) (Day) (Year)	that I last saw becalive on More 5, 1900,
	7 AGE [If LESS than	and that death occurred on the date stated above, atm.
	77 /A lday hrs.	The CAUSE OF DEATH * was as follows:
	yrs. 10 mos. 14 ds. or min.?	
	8 OCCUPATION (a) Trade, profession or	(icur Brighto
ė	particular kind of work July 1970	
	(b) General nature of industry	/D \ 1.
	Which employed or (employer) Nove,	(Duration) yrs
	9 BIRTHPLACE (State or country)	Contributory Secondary
	I 10 NAME OF	(Duration) yrg mosds.
	FATHER Jonathan Dickerson	(Signed) M. D.
	OF FATHER	
	Z (State or country) Lelawal,	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Garrie Dickerson.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE	At alone
	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	8/1/2 E TT 14	Former or usual residence
	(Informant) Offic O: Skillie	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Willauls md	10 . If ha ha To march 22 30
		20 INDEBTAKED ADDRESS
	Filed Mar. 21 180 Keland J. Trutte Registrar	Wm. Howard Wells, Pittsille md.
- 3		

03360

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhahorer, Farm laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation Laborer-Architect, -Coal minc, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "(E:haustion," "Heart failure," "Haemorraage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report more symptoms or terminal condi (secondary State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e.g., sepsis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; by or intercurrent) affection need not be ss important. Example: Measles (disease Committee on Chronic valvular heart disease; etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1PLACE OF DEATH	10788 STATE OF MARYLAND
County Manuso	CERTIFICATE OF DEATH
Village or City Salisbuy (No. P.S. Ha	Registration Dist. No. 333  St.: 3 Ward) (If death occurred in a hospital or institu-
2 FULL NAME Trace Dichuin	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920, 1920, that I last saw herealive on July 29, 1920,
7 AGE  18   If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	J.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 4/.de.
State or country) Suns / Fill Wel	Secondary (Durstion) yrs mos 2 ds.
10 NAME OF Robb. Dichussum	(Signed). R. M. D. Work M. D. J. 442 9 1920 (Address) Salashe Lus
OF FATHER (State or country) Wash to , hull	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Juhan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. H. ds. In the State free lines ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Merston & Mul
(Informant) J. G. Horfulal	Former or usual residence months to, hul
(Address) Salisbury hul	Laylors Hate em Oct 1, 130
Filed Sept 30 19230. & May Jumes Registrar	You. S. Williams Snow Hill
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on For persons who have no occupation Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustlon," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection valvular heart need not be disease; etc., or

	PLACE OF DEATH	STATE OF MARYLAND
	County //womer	(77) CERTIFICATE OF DEATH
	WITHER CON / 1. 1 . 1	Registration Dist. No. 333
. 0	Village or City Sahrhy (No. Lin. X	eul Hospitaler: 13 Ward) a Hospital or institu-
ifficat	2FULL NAME Varthur Chan	tion, give its NAME is stead of street and number.)
ack of cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Thite (Write the word)	16 DATE OF DEATH March 19, 1930  (Month) 19 (Day) 193 Rear)
o C	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0 81	agent 14, 1886	March 19 190. to March 19, 180
tior	(Month) (Day) (Year)	that I last saw heartalive on 192 , 192 ,
ruc	7 AGE    If LESS than	and that death occurred on the date stated above, at
ıst	43 yrs. // mos. 5 - ds. or min.?	The CAUSE OF DEATH was as follows:
See in	a occupation (a) Trade, profession or particular kind of work	Chest (fusion).
nt.	(b) General nature of industry business, or establishment in	
rta	which employed or (employer)	(Durstion) yrs mos de
impo	9 BIRTHPLACE (State or country)	Contributory Secondary
ery	TO NAME OF There R. D. I	(Signed)
8	11 BIDTHPLACE	5/19 191 (Address) fallety ned
NOI	OF FATHER (State or country)  12 MAIDEN NAME  O  O  O  O  O  O  O  O  O  O  O  O  O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER herdosia Ham	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
CCU	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
ent o	(Information Minnie I. Baker	Former or usual residence Helian Just
tatem	(Address) Hazel are Salitury Ind	Parsons Com. Mar. 2/, 1930
00	Filed Mch 1 192 O. V. May Junes	20 UNDERTAKER LO Scherry And.
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02200

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emlaborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, or given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably sucide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

	ITE	Item
	WRI	
		N. BEvery
V. S. No. 1	6	H
02	1	
>		Z

PLACE OF DEATH	STATE OF MARYLAND			
County Diconico	CERTIFICATE OF DEATH			
	Registration Dist. No. 333			
In a falichers or ast Ma	Division of the second land			
Village or City Salisbury (No. 906 / 1. A.	St.: 9 Ward) a hospital or institu-			
Charles to diel	tion, give its NAME is stead of street and number.)			
2FULL NAME CRASHES IC RUSKI	muniber.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH			
M. I. SII. WIDOWED. MUNUS	Lil. 17, 1930.			
(Write the word)	(Month) (Day) (Year)			
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from			
Jan. 71, 1858.	1928 . to 7, 1920,			
// (Month) (Day) (Year)	that I last saw h aliva on fall, 1925,			
7 AGE [If LESS than	and that death occurred on the data stated above, at 1715 pm.			
70/ 0 1/h I day hrs.	The CAUSE OF DEATH * was as follows:			
// yrs. O mos. / ds. or min.?	January A de Magus			
(a) Trade, profession or				
particular kind of work furnise manufacturer				
(b) General nature of industry business, or establishment in	mlun,			
which employed or (employer)	(Duration) yra mos da,			
9 BIRTHPLACE MA A	Contributory Secondary			
(State or country) Maueland	(Durstion) yrs., moduli de			
TO NAME OF TOO.	(Signed) M. D.			
spellami. Alleharoon	20/8 1917 (Address Sweeting had			
OF FATHER M	*State the Disease Causing Death, or, in deaths from			
Z (State or country) // Mufland	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
E 12 MAIDEN NAME 1/ 14.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
a roug www ishing	ients or Recent Residents)			
13 BIRTHPLACE OF MOTHER	At place of death yrs de. State yrs ds.			
(State or Country)	Where was disease contracted.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?			
The Oxy ( Michael	Former or usual residence			
(Informant) Jaly 1. Werant	19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(Address) Salisbury, Md.	autora (enely) Salitary 1/9/300			
15 Ohal 16 21 Value of	20 UNDERTAKER ADDRESS			
Filed felt 1900. C. May mult	1/0 Will Oragen Co Salishan MI			
	15 W Sayston St Balto. Requesting V. S. No. 1.			
If more banks are needed, addre. a State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The If the occupation has been changed Laborer-Coal mine, etc. Wom-The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Never report mere symptoms or terminal condiinterstitial nephritis, etc. The Committee on Nomenclature Chronic valvular heart disease; contributory

PLACE OF DEATH	STATE OF MARYLAND
County /www.	CERTIFICATE OF DEATH
P09	Registration Dist. No. 393
2FULL NAME Minmie Mar L	St.: 73 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemele White (Write the word)	16 DATE OF DEATH March 18, 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
10	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than	and that death occurred on the date stated above, atm,
44 yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
mosds. ormin.?  8 OCCUPATION (a) Trade, profession or	Hun Shot of Body  Homicidal - murdered Ry husbant.  CWS 67. (Duration) yre moe de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER AME 7. Mavil	(Signed) He Comary M. D.  Mc 2019 & (Address) Let
OF FATHER (State or country) Velevas	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clava Beach	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country).	At place was nos. ds. Pallant with State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, A be but a lift not at place of dea.h?
(Informationes Fr Marriel	Former or Usual residence
(ABBiess) #2. Delmar Delivare	Parens Cem. Much 20, 130
Filed Mich 24930. J. May June	Holloway + Co Sahihing And.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). er," etc., without more preuse spreaments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory

PLACE OF DEATH	STATE OF MARYLAND
County / Liconico	CERTIFICATE OF DEATH
1	Registration Dist. No. 333
and falixfoury of 210 / 2000	d) Vot
Village or City (No. 1) (No. 1) (No. 1)	St: Ward)  Ward)  a hospital or institution, give its NAME instead of street and number.)
2FULL NAME THE MAN O. DUS	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a sex 4 color or race 5 single, warried, wildoweo. Or hivorcery is a five word in the color wild word in the color wild word in the color was a second with the color word in the color word in the color was a second with the color word in the color was a second with the color was a	16 DATE OF DEATH  Jan 1 26 , 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 5 . 1846	Jan 25 1920. to Jun 26 , 19230
(Month) (Day) (Year)	that I last saw h alive on 76, 19270,
7 AGE   If LESS than	and that death occurred on the date stated above, atm.
83 13 2/ I day hrs.	The CAUSE OF DEATH * was as follows:
) dyrs. V mos. ds. or min.?	Carles . Level - vasculus Drawn
(a) Trade, profession or	***************************************
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) Luchumo de.
which employed or (employer)	Contributory Pulmman oldina
9 BIRTHPLACE (State or country)	Secondary (Duration) yts
10 NAME OF	(Signed) Assending M. D.
FATHER James Lisharon	Jun 26 1939 (Address) Sulading, Wall
S II BIRTHPLACE MA	
(State or country) Mary and	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Mesna of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Pricilla Porter	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER MAN OLA 11 A A A	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
THE ABOVE IS THE TOTAL SECTION OF THE PARTY	Former or
(Informant) / Lus Lugarch of Lisharo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL //AM
(Address) Jalisbury Ma.	Wen Cem Jan 18, 1930
15 Filed Jan 28 1930 G. May Junes. Registras	20 UN DERTAKER JOHNSON CO Jalis Luy Mr d
If more banks are needed, addre.s Ltate Kegistras	r, 16 W. Saratoga St. Balto., Lequesting V. S. No. 1.



(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planler, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,")

approved by (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Scnile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature Chronic valvular heart etc. The contributory Always qualify all disease;

PLACE OF DEATH	STATE OF MARYLAND
County Nicomico	CERTIFICATE OF DEATH
Village or City Salisbury (No. Pen. Le	Registration Dist. No. 129  All Hospitas Award (If death occurred in a hospital or institu-
2FULL NAME Agnes De	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Month) (Day) (Year	that I last saw h Craive on 2 1 5 1970.
7 AGE [If LESS than	and that death occured on the date stated above, at
ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Jenguar Meller
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos Zds.
9 BIRTHPLACE (State or country)	Contributory Secondary Durstion) Syra mos de
10 NAME OF Harry Watson	(Signed) M. D.
OF FATHER  C (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Prene Gardenar	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yis most ds. In the yrs mos 2 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Charlie Dix	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Parkale UT	non 292, 1280
15 Filed Nov. 27 1930. D. May June	20 JUNDERTAKER hom as accomacy
If more banks are needed, address State Registrar	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stotionory fireman, etc. But in many Physician, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEALE CAUSING DEATH. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. yrs). For persons who have no occupation without more precise specification as Doy specifically the occupations of Compositor, Architect, who are engaged in the duties of the Totton mill; (a) Salesman. (b) Grocery; (b) Automobile foctory. The material Locomotive engineer persons Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroky hold fever (the only definite synonym is "Epidemic cere prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,";

as fracture of skull, and consequences (e. g., sepsis, telmus) may be stated under the head of "contributory." "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely approved by Committee on and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; etc., Chronic Carcinoma, Sorcoma,, etc., of etc. valvular heart Nomenclature of the The contributory discose;

WRITE P

PLACE OF DEATH	STATE OF MARYLAND
County 10 is were	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Solis Query Wal ?	De & sil stand State bourred in
Village or City Salas Luxup Ma-	
(Slibbutoname Baly Dign-	- Woth 19 CL stend of street and number.)
PERSONAL / ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, SINGLE	16 DATE OF DEATH
Male A. A. WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
10-12-1930	1923 to 0 7 2 , 1923
(Month) (Day) (Year	that I last saw h
7 AGE Still Borned Iday bre	and that death occured on the date stated above, at
1	The CAUSE OF DEATH * was as follows:
B OCCUPATION Jyrs. O mos. O ds or o min.	Still bom chief
(a) Trade, profession or particular kind of work	Julian San Cara
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE	Contributory
(State or country)	(Dyration) yes mos ds.
10 NAME OF	(Signed) M. D.
FATHER Y BERBL Hudson	16/03/93 D(Address) Declery
U II BIRTHPLACE OF FATHER	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
Z (State or country)  12 MAIDEN NAME	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Diravila Dix	18 LENGTH OF RESIDENCE (For Pospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
When I should be	Former or usual residence.
(Informant) flurale J. Horfislal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Delaslery MA	Public 6 em Sale buy hog Old 16, 1930
15 Filed Oct-16 1430. V. May Turner	20 UNDERTAKER ACCORESS
If more blanks are needed, addross State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of et ... first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the (b) Automobile factory. Salesman, (b) The material persons Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); ingos, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL peritonitis," ele-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing (secondary unqualified, is indefinite); Tuberculosis of lungs, menlelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," cause for which surgical operation was under-Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage or intercurrent) cough; Chronic Example: Measles (disease etc. The contributory affection need not be valvular Nomenclature of the Always qualify all "Convulsions, heart Measles; disease; as

vi

83

	PLACE OF DEATH	15410	CERTIFICATE OF DE
C	ounty	(2)	
	Thomas	(0)	Registration Dist. No.
Villa	age or City / South (No.	######################################	St:
	2 FULL NAME taly of	lon.	etend of humber.)
	PERSONAL AND STATISTICAL PARTICULARS		CAL CERTIFICATE OF DEAT
38	RALL COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEAT	(Month) (Day) CERTIFY, That I attended the
6 D	ATE OF BIRTH  Dec 14, 1930  (Month) (Day), (Year)	that I last saw h	
AC	Sill form I dayhrs.	The CAUSE OF DE	THE was briggers;
) (a	CCUPATION  A) Trade, profession or articular kind of work  O) General nature of industry	Lue	le probo
w	usiness, or establishment in thich employed or (employer)	Contributory. Secondary	(Duration)
LS.	10 NAME OF FATHER JANE Lasker		Cller Fill
RENT	OF FATHER (State or country)  12 MAIDEN NAME	*State the I Violent Causes, Accidental, Suici	Disease Causing Death, or, in distate (1) Means of Injury: and (dat or Homicidal,
Q.	OF MOTHER Charlette Sylon	18 LENGTH OF RE	ESIDENCE (For Hospitals, Institute Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrs	
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont if not at place of death?.	FRCCCQ <sub>6</sub>
	(Informant) July (Informant)	Former or usual residence	IAL OR REMOVAL   DATE OF
15	Filed Dle. 15 1988 Or. Worlford Walthe	Ly when 20 ONDERTAREIN Clevis	you Tyan
	t more blanks are needed, address State Registrar.	16 W. Saratoga St.,	Balto., Requestive V. \$/ No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.... Ward) If death occurred in a hospital or institu-ion, give its NAME instead of street and mumber.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH / 2 - / 4 , 192 (Month) (Day) , 192 (Year)
I HEREBY CERTIFY, That I attended the decensed from
that I last saw h, 192,
and that death occurred on the date stated above, at
male probable
de
Contributory, Secondary
(Signed)
18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Trans- ients, or Recent Residents)
At place In the State,yrs,mosda.
Where was disease contracted, if not at place of death?
Former or usual residence.
Ty when - Dear BURIAL OR REMOVAL   BATE OF BURIAL   1030
20 ONDERTAREIT .   ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DIFLIE CATTING DEATH gaged in domestic service for wages, as Severnt, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as I out wife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Ceal mine, etc. Wom-Never return "Laborer," "Foreman," "Managor," "Dealworked on may form part of the second statement. should be used vine something (a) Salesman, (b) Grocery; Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomolist engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (see to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. Housemaid, etc. If the occupation has been change Statement of Occupation - Precise statement of oc For many occupations a single word or term on or At Home, and children, not without more precise specification as Day gainfully em-But in many

Ease causing death (the primary affection of the distance causing death (the primary affection of the respect to time and causation), using always the time recepted term for the same disease. Examples: Carebro prodefever (the only definite synonym is "Epidemic crubbo spinal meningitis"); Diphtheria (aveid use of "(noup")—Typhoid fever (never report "Typhoid pneumonia.")

direction of ary), 10 ds. Never report mere symptoms or terminal inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Puener al septieuenia." "Pueneral peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. inqualified, is indefinite); I'uberculosis of lungs, menture of Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway "Uracinin," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; Notinguelature of the American Medical Association. of "Tumer" for malignant neoplasms); f cause of death approved by Committee on . (name origin; "Cancer" is less definite; avoid FOR VIOLENT BEATIS STATE MEANS OF INJURY (e.g., sepsis, telanus) may be stated under the the injury, as fracture of skull, and conse-"Ethaustich," "Heart failure." "Haemor-"contributory." "Debility" ("Congenital," "Senile," etc.) such as "Asthenia," for which surgical operation was under-(Recommendations on state-Example: Measles "Anaemia" Always qualify all "Coma," Measles; (disease (merely "Conetc.

7	15	1,000	CTATE OF N	IADVI AND
10	HYSI- Exact	County Wicomico	19637 STATE OF M	OF DEATH
	Y, P	0 0 0	Registration D	ist. No. 333
2902	EX.	Village or City Sale struck.  2FULL NAME Johnny Deyo	Waler St.: 5 Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
F	ated oper certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
OZ	ay be proposed back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH OUGH,	(Day) (Year)
BINDIN	hou t m	6 DATE OF BIRTH Chart	17 I HEREBY CERTIFY, That I atte	
OR B	AGE AGE that	(Month) (Day) (Year)  7 AGE Clearl (IfLESS than	and that death occured on the date stated a	boy, at 3 300.
I RESERVED FO	pplied prins so	I day hrs. or min.	The CAUSE OF DEATH * was as follows:	nasarca
	IIIy su lain te t. See	(a) Trade, profession or particular kind of work haloue.  (b) General nature of industry	possibly of	Nephulie
	carefu H in p	business, or establishment in which employed or (employer)	Contributory Courte one Shritia to	TO weeks Cive
MARGIN	ld be DEAT	(State or country)	Secondary ( (Duration)	yrs mos da.
MA	shour shour is ve	11 BIRTHPLACE OF FATHER WAS OF FATHER	(Signed) (Nadress)	lishing he
	nation CAUS	CState or country  12 MAIDEN NAME OF MOTHER	*Style the Discase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	ury and (2) whether
2	nform	13 BIRTHPLACE OF MOTHER (State or county)	ients or Recent Residents) At place In the	yrsmos ds.
C	tem of ishould ent of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.	
Tay N	Every Ite	(Informant) Of one of Day on	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL  DUED 9. 1978
. No. 1	BEve	15 Filed ang 9 1930. Janay Turner Registral	26 UNDERTAKER	ale luce
N. A.	Z	If more blanks are needed, address State Registrar,	15 W. Saratoga St., Balto., Requesting V. S.	No. 1.

do

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Teal-Spinner, takore: Farm tanorer, Labourer Cost mate, we en at home, who are engaged in the duties of the er," etc., definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a gaged in domestic service for wages, as Serumi, Cook ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from to report specifically the occupations of persons enor given up on account of the DISEASE CAUSING DEATH. Howsemaid, etc. If the occupation has been changed tired 6 yrs). business, that fact may be indicated thus; Farmer (rewhatever, write Nonc. Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day Stationary fareman, etc. But in many (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal defense (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia").

inges, peritonaeum, etc., Carcinonia, Sarconia, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Measles; 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Meusles (disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, causing "Exhaustion," "Heart Failure, "Shock," "Shock," "Old Age," "Shock," diseases resulting from childbirth or miscarriage as "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease ..... (name origin; "Cancer" is less definite; avoid and qualify as accidental, suicidal, or homicidal, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underor as probably such, if impossible to determine definitely. telunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, approved by Committee on American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. affection need not be valrular Nomenclature of the The contributory heart discuse;

Z

PLACE OF DEATH	08391 STATE OF MARYLAND
County Wicoming	CERTIFICATE OF DEATH
	Registration Dist. No. 337
Village or City Juguskin (No.	St.: Ward) (If death occurred a hospital or institu
2FULL NAME Frances Nom	tion, give Ita NAME in atend of atreet an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  July 9, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH Still Corns	17 I HEREBY CERTIFY, Trat 1 attended the deceased from 192 to 192 that 1 last saw h alive on 192
7 AGE (Month) (Day) (Year)  7 AGE   If LESS that   dayhrs   ds or min.	and that death sourced on the date stated above, at
B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durantee) yre mas d
9 DIRTHPLACE (Ntate or country)	Contributory Secondary (Duration) via me
10 NAME OF FATHER Senjamin Sommon  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in desths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Solomon  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)  At place of death yrs
(Informant) Emma Price	if not at place of death?  Former or usual residence
(Address) Typeskin ella 15 Filed July 9 1930 P. Washard Walts Registrat	Jyackin Md July9, 193. 20 UNDERTAKER HESSELT Some Division Me

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of work, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Forcman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Physician, whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gazed in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brenchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" inges, peritonaeum, etc., Carcinomo, Sarcomu, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" carbolic acid-probably sucide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train American Medical Association.) as fracture of skull, Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; " "Weakness," etc., when a definite disease for malignant neoplasms); Measles; Chronic and consequences (e. g., sepsis, statement of cause of valvular heart disease; etc. The contributory

	^	1		
,	1 1	Nock 03393		
	PLACE OF DEATH	STATE OF MARYLAND		
	County Micomiles	CERTIFICATE OF DEATH		
		Registration Dist. No. 333		
	Village or City Saliebury (Nor 299 7/2	++		
•	Village or City Muching (Note! /	St: Ward) a hospital or institu		
cat	Van day add	she Doman tion, give its NAME II stead of street and number.		
Ë	2FULL NAME Wardhur (Largere Offman) no			
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
of	3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED.	16 DATE OF DEATH		
S K	WIDOWED.	198 0		
pa	Hule   Hill (Write the ford)	(Month) (Day) (Year)		
on	6 DATE OF BIRTH	17 HEREBY CERTIFY, That hattended the deceased from		
8	March 1, 1930			
tio	(Month) (Day) (Year)	that I last saw he agalive on 1900		
on,	7 AGE IIILESS tha			
St	0 yrs. 0 mos. 0 ds. or min.			
in e	8 OCCUPATION			
Se	(a) Trade, profession or particular kind of work	***************************************		
+1	(b) General nature of industry			
tan	business, or establishment in which employed or (employer)	(Durstion) vis		
por	9 BIRTHPLACE	Contributory		
E	(State or country) Mars land	Secondary		
LY.	10 NAME OF	(Duryton) yrsmosds		
Ve	FATHER Sandrie J. Dolman	(Signed) M. D		
0	OF FATHER OF			
NO	Z (State or country) //awaran	*State the Discase Causing Death, or in deaths from Violent Causes, stata (1) Means of Injury and (2) Whether		
Ē	TE 12 MAIDEN NAME O O A CALL	Accidental, Suicidal or Homicidal.		
7	of Mother Clandifa C. Mussick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
CCU	13 BIRTHPLACE OF MOTHER	At place In the		
0	(State or Country) // August	of death		
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?		
ont	(Informan Bardner J. Dorman	Former or usual residence		
me	900 7.7 1 1 1 1 1 M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
statement	Addeso Telywole St. Waleshing MA	Brade Church am. 1/ach 17, 1930		
8	15 - heal 113.21 /+ man Til	20 UN DERTAKER ADDRESS ADDRESS		
	Filed / Can 1/1920 . W. Way Muller Registrar	Howas + lo. Shihus Ind.		
	If more blanks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1		
1		1/		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Snock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY (secondary (Recommendations on statement of cause of death "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease "Coma," "Convulsions, etc. The contributory Nomenclature of the

V. S. No. 1

N. B.

PLACE OF DEATH	10789 STATE OF MARYLAND
County Willemanner	CERTIFICATE OF DEATH
AN MAINTY MANAGEMENT HIS OF A	Registration Dist. No. 333
Village or City & ListrycyNo. Renger	who Den was Not see tobard (If doath occurred in
	a hospitel or institu- tion, give its NAME In-
2FULL NAME I SULA CE SUC	steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Lol, BSINGLE, single WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH  Sept 2 , 198 d  (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
7 7 1926	- 5 cf 2 1920 . 10 fefer 20 , 1920,
(Month) (Day) (Yesr)	that I lost saw h alive on July 1920,
7 AGE   If LESS than	and that death occurred on the date stated above, at L. J. A. A.cm.
3 vrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Cerentario (Ceres culario)
(a) Trade, profession or	
particular kind of work	***************************************
business, or establishment in	(Duration) Multum de. de.
which employed or (employer)	Contributory Walnus
9 BIRTHPLACE (State or country)	Secondary  (Duration)  Will mosde.
10 NAME OF	1//6/2-
FATHER // offers Dorman	(Signed) M. D.
OF FATHER	1920 (Address) With the last to the form
Z (State or country)	Vislent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME  OF MOTHER & MARIE A PRINCE MARIE	ACCIDENTAL OF RESIDENCE (For Hospitals, Institutions, Trans-
a wrong whom i woner	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos 4 600 In the State April mos ds.
(State or Country)	Where wes disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of deeth?
(Informant) loveet wormen	usuel residence
I a l'almere Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) January 19	dysestem My Sylf 19
15 Filed Sept 3 19230 V. May Surver	20 UNDERTAKER ADDRESS
Registras	Mrs feel suit ford walny
If more bianks are needed, address State Registral	, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used, only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (ri Housemaid, etc. to report specifically the oecupations of persons enwhatever, write None. Foreman, especially in industrial employments, it is neces-For many occupations a Or. yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed single word or term on not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasuus,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State eause for which surgical operation was under-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock, or intercurrent) affection need Chronic etc. valvular heart Nomenclature The contributory Always qualify all not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	DNAL ACC	AME / AND SOLOR Q (	FERSTATIS OR RAM  (Mor	STICAL CE 5 S M W OI (V	PARTINGLE, ARRIED IDOWED R DIVOR Vite the	CED word)	ARS  gle  19/7 (Year)  LESS that day hrow min.
PERSO X TE OF BI	PRTH J	OLOR OLOR OLOR OLOR OLOR OLOR OLOR OLOR	OR RA	CE 5 S M W W OI (V	PART INGLE, ARRIED, IDOWEL R DIVOR Vrite the	CED word)	1917 (Year)
TE OF BI	RTH J	Q 6	(Mor	CE 5 S M W OI (V	ARRIED, IDOWED R DIVOR Vrite the	CED word)	19/7 (Year)
TE OF BI	RTH J	Q 6	(Mor	M W OI	ARRIED, IDOWED R DIVOR Vrite the	(CED word)	(Year)
E	13			nth)		[1]	(Year)
CUPATIO	N			nth)		[1]	(Year)
CUPATIO	N		. /	mos		[1]	day br
CUPATIO Trade, p	N		1	mos	g	ا	day hr
CUPATIO Trade, p	N		·	mos	. 1	0-	W 800 1 00
Trade, p	rofessi					ds. 0	min
RTHPLAC	establis	shment	in				
		400		11	2		
OF FAT	HER	1	un	- /	0-23	20	71
		4	Tel	1	7 0		
		Ma	201	1/3	1//		
		0	7	,			
		try	111				
IE ABOVI	EISTR	UE TO	THEB	EST OF	MY KN	OWLE	OGE
(1 (	. 11	-		11	74-	7-1	4
(Informan	t) NV		4		-		121
(Add	dress)		4		-		
1 1	THPLAC (State or C)  TO NAME FATHER OF FAT (State OF MOT  TO MOT (State HE ABOV)	ICH employed or RTHPLACE (State or county)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or count)  IN MAIDEN NAM OF MOTHER (State or count)  IN MOTHER (State or count)  (Informant)  (Address)	Informant)  (Address)  (State or country)  (Address)  (RTHPLACE (State or country)  (State or country)  (Informant)  (Address)  (RTHPLACE (State or country)  (Informant)	RTHPLACE (State or county)  TO NAME OF FATHER  STATE  OF FATHER  (State or county)  TO MOTHER  (State or county)  TO MOTHER  (State or country)  HE ABOVE IS TRUE TO THE B  (Address)	RTHPLACE (State or country)  TO NAME OF FATHER  TO FATHER  (State or country)  TO MOTHER  (State or country)  TO MOTHER  (State or country)  HE ABOVE IS TRUE TO THE BEST OF  (Address)  (Address)	RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOW (Informant)  (Address)  (Address)  (Address)	RTHPLACE (State or country)  TO NAME OF FATHER  TO FFATHER  (State or country)  TO MOTHER  (State or country)  TO MOTHER  (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLED  (Address)  (Address)  CONTROL OF MOTHER  (Address)

08392

If more blanks are needed, address State Registra, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instend of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH LLLY /8 , 192 (Year)
17 MAN 3 1930 to July 1930
and that death occurred on the days at a tove, at 11 Pm.
The CAUSE OF DEATH * was as follows:  Juli Culosis of the lungs
(Duration) yrs. mas da.
Contributory Secondary
(Signed) When Drowne M.D. July 19 130 (Address) Salisbury Md
Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence.
Frendship ben July 20 1930
All Surant Salislum on

V. S. No. 1

RECEIVED AUG 6 19.1 BUREAU V.S.

V. S. No. 1

ż

	PLACE OF DEATH	08330 STATE OF MARYLAND
	County Wicomico	CERTIFICATE OF DEATH
		Registration Dist. No. 332
	Village or City Mr Fillsville (Nond	St: Ward) (If death occurred in a hospital or institu
certificate	2 FULL NAME Albert Salisbury	Donaway and tion, give its NAME in stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Wald With Wilder (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
d no suo	6 DATE OF BIRTH SLEAK 23 , 1881 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I setended the deceased from 17 1923 U to 1921 1921 that I last saw have alive on 1921
struction	7 AGE (IfLESS than	and that death occurred on the date stated above, at 3 19 m
tru	1/0 0 I day hrs.	
ns	40 yrs. 7 mos. 8 ds. or min.?	
See	(a) Trade, profession or Jacmes.	Suberentonis of Fungs
1t.	(b) General nature of industry	
rta	business, or establishment in which employed or (employer)	(Duration) yts, mos ds
importa	9 BIRTHPLACE (State or country)	Contributory Secondary
very	10 NAME OF P. DONAWay,	(Signed) C G Holland M. D
PATION IS	of Father (State or country)	*Slate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Ella to Ennis!	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
CCC	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds, Stateyrsds
0	14 THE ABOVE IS TOUTE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
nt o	OIT F Brown	Former or usual residence.
mei	(Informant) Mismos G. N. Willy 113	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
state	(Address) Tellswelle · M. d.	Whealers ille Gerneta July 3rd 1030
st	15 Filed July 3 100 Leland J. Irrich	Wm. Howard all Tittsille.
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		11101

. 74

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know the first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. affection need The contributory Always qualify all heart not be disease ;

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Myonico	CERTIFICATE OF DEATH
▼ Model to a A.75 of the Art of off off off off off off off of the component of the compon	(129)
7. 1.	Registration Dist. No. 933
Village or City MalistrugNo.	Mard) (If death occurred in a hospital or institu-
$C \cdot I = A$	tion, give its NAME in- stead of street and
2FULL NAME QUISA G. alon	Away number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Much 30, 1950.  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 77 , 1856.	March 24 1950 to March 30, 130
(Month) (Day) (Year)	that I last saw h de alive on Mad 30, 1930
7 AGE III LESS than	and that death occurred on the date stated above, at 9, 157, m.
d day hrs.	The CAUSE OF DEATH * was as follows:
73 yrs. 0 mos. ds. or min.?	//racing-
(a) Trade, profession or A Hane	
(b) General nature of industry	\$24444888888888888888888888888888888888
business, or establishment in	(Duration) vrsmos. 2
Which employed or (employer)	Contributory My asochal Trug. 4 Chone Rephilit
9 BIRTHPLACE (State or country) Allawass)	Secondary (Duration) yrs mosds,
10 NAME OF	(Signed) M. D.
FATHER Janes ardiews	april 1 1970 (Address) walking Ind
OF FATHER	
Z (State or country) XULLAWARE	*State the Ilisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs mos. ds. State yrs mos. ds.
(State or Country) Wellewall	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
as alles H. Stornis.	usual residence
(Informant) (ACC)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sallellany, M. M. V.	Sarons Concleus Selikas 4/1/300
15 D. 1 20 Dr. May T.	20 UN DERTAKER ADDRESS
Filed Upr. 1900, J. May June	11. Hillx Den G. Salisbundas
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
it more blanks are needed, address trate Registrat	to the maracoka ment marcost redundanting to me views

112200

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, ." etc., For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation and children, not gainfully em-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. gaged in domestic service for wages, as Screant, Cook, Houseward, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken laborer, Farm laborer. Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Deal-(a) Foreman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary, may be entered as Housevije, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Locomolive engineer, Grocery;

Struement of Cause of Death—Name, first, the DISEA SCRUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; " "Weakness," etc., when a definite disease Chronic valvular heart disease Example: Measles (disease etc. The contributory

S. No. 1

٧.

N. B.-

PLACE OF DEATH	02042 STATE OF MARYLAND
County (Vicomico	CERTIFICATE OF DEATH
/ 01 1.	90 Registration Dist. No. 332
Village or City No Malston xNo cutele	St.: Ward) (If death occurred in
2FULL NAME Sofa Caroline Dor	St: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Witte Single, Married, Widow, OR DIVORCED (Write the word)	16 DATE OF DEATH , 19230 (Month) (Day) (Year)
S DATE OF BIRTH  Aug /7 , 1853  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the decreed from  1930 to 77
7 AGE [If LESS than	and that death occurred on the date stated above, at 3 4 m.
76 yrs. 5 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as foilows:
8 OCCUPATION mos. d. or min.?	
(a) Trade, profession or	Cevile Leguigatation
Carticular kind of work work with the bound of work work work work work work work work	
business, or establishment in	(Duration) yrs. mos ds.
which employed or (employer) //OVX	(2.To. in) 0.
9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country) Delaware	Duration yrs mosds,
TO NAME OF TO STATE OF A MODELLA	(Signed Clecker) Devous M. D.
11 BIRTHPLACE	1923 e(Address) Dalestury Light
OF FATHER (State or country) Maryland	*Stato the Olsease Causing Death, or, in Aleaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Elizabeth Melson.	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Um I, Downs,	Former or usual residence
(Address) Parsonsburg. md.	Downs Cemetery Feb 9, 1930
Filed 7et. 8, 1930 Registrar	20 INDERTAMER Wells Pittsirlema
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on without more precise specification as Day Locomotive engineer, But in many

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi cough; Chronic " "Weakness," etc., when a definite disease or intercurrent) Example: Measles (disease etc. affection need not be valvular heart disease; The contributory

2 (MX	TLACT OF DEATH	STATE OF MARYLAND
T.	County Willowill	CERTIFICATE OF DEATH
>.		Registration Dist No. 333
ORD FET	10	St.: 5 Ward) (If death occurred in a hospit of or institu-
D IN	2FULL NAME Matha	2 Discoll tion, give its NAME i stead of street and number.)
T este	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NEN NEN	and white word	16 DATE OF DEATH  Och 26, 1931  (Month) (Day) (Year)
Z	E c 6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
E B H	May 7 1850	g (mg) 1900 to log 26, 1900.
R 4 2	O (Year)	that I last saw han alive on Cloh 25, 1900,
FO IS	If LESS tha	The date of the date stated above, at
D HIS ied	72 yrs. 5 mos. 19 ds. or min	
AT-TIPPI	6 OCCUPATION	serve sorge viery
X X	(a) Trade, profession or work	3
SIN	(b) General nature of industry	Im promise / traveledge Ring
R O	which employed or (employer)	(Duration) yre mos de.
Z O S	9 BIRTHPLACE	Contributory 7/30
0 11 21	(State or country) Mayland	Bright lesses (marion) yrs. 1818. ds.
	10 NAME OF Jampson Smith	(Signed) JV, D, Warle M.D.
TH	U 11 BIRTHPLACE	Och 2) 1980 (Address)
WI	(State or country) Mayland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
- Sur	of a of Mother unknown	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
S of c	13 BIRTHPLACE OF MOTHER	At place of death yrs
	(State or country)	Where was disease contracted,
Д и	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
RIT	(Informaths. Cora E. Russell	usual residence
Sery K	(Address 5 Junit st. Salishy)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OUT. 28, 30
B. I. O.	Filed Oct 28 1930. V. May June	Hollowast Co Salishy Ind
z	If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Die

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farme gaged in donnestic service for wages, as Serwant, Cook Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness (1 various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in (a) the kind of work and also (b) the engineer Grocery,

Statement of Cause of Death—Name, first, the Dtage CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the

anently filed.

approved by American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, tetrature) may be stated under the head of "contributory." accident; Revolver wound of hoad-honnicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, Examples: Aceidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Chronic interstitial nephritis, "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and al qu stions peritonaeum, etc., Carcinoma, Sorcoma, Never report mere symptoms or terminal condiiname origin; "Cancer" is less definite; avoid or intercurrent) Committee on Chronic affection need not be etc. The contributory valvular heart Nomenclature Always qualify all Measles; disease; etc., of

0

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 332.
Village or City Bisalve (No	St: Ward)  (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
Month) (Day) (Year)	that I last saw h
7 AGE    If LESS that   I day hrs   I day hrs   or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	appleys
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs ds.  Contributory Secondary (Duration) yrs ds.
10 NAME OF FATHER JUSTIMUM DISMIN	(Signed) Delle Sieles MD.
C (State or country)  12 Maluen Name  12 Maluen Name	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsds. Stateyrsds.  Where was disease contracted,
(Informant) May Halling	it not at place of dea h?
(Address) Barraly Cff	Biralve Ald Jan 14. 130
Filed au / 4 1930 P. Woolford Wall	Mrs he Messicht Son Biralay
If more b.anks are needed, addre. s tate Negistr	ar, 18 Nv. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimental laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Sulcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia")

atic), st\_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ('E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

00

N. B.--

PHYSI-

PLACE OF DEATH	() 11 STATE OF MARYLAND
County Willymuse	CERTIFICATE OF DEATH Registration Dist, No. 33
Village or City Burnelol (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Widowe OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h salive on 1920, to 1920,
7 AGE 9 9 yrs. 0 mos. ds.   If LESS than   day hrs. or min. ?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in	Struck by an automobile of by the fall factured head high Cow Sore mos de.
9 BIRTHPLACE (State or country)	Contributory Starling of Helps Secondary  (Durstion) ys. mos. 21 ds.
10 NAME OF FATHER ASEPR Dunn	(Signed) Aller Ould M. D. 6-7 1930 (Address) Mantinga Mus
OF FATHER/ (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (t) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Suram Harsman	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country)	At place of death yrs mos ds. In the State yrs mos ds.
(Informant) Truck & MINING	If not at place of dea h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Privalue old	Divalue Md 6-7, 1930
Filed une 2 1930// Mont for the Registral	of W. Seratoga St., Balto., Kequesting V. S. ho. 1.
it mote branks are meaner, admis a resta section	

WEITE

#### Y 51 5 ... I ALL THEYDING IV C-

....

-0120

Ses i structions on ECE DEVIEW to big user and to the DOCUPATION IS VERY IMPORTANT 3 Entement of CITES thou of

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, to know (a) the kind of work and also (b) the engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," st.ted unless important. Example: Measles (disease American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by Committee on Chronic etc. The valvular heart disease; Nomenclature etc.), "Dropsy, contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Dr. Ban	nto.
PLACE OF DEATH	02043 STATE OF MARYLAND
Jounty Micomire	(69) CERTIFICATE OF DEATH
1	Paristentian Diet No. 13,33
Village or City Fruitland (No. R.D. 7	St.: 8 Ward) (If death occurred in a hospital or institu
2 FULL NAME Infant of aust	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a sex 4 color or race 5 single.  Mirried,  Mir	16 DATE OF DEATH 7.6. 10 , 1930
6 DATE OF BIRTH	(Month) (Day) (Year)   17   I HEREBY CERTIFY, That I attended the decessed from
Jan. 23 1930	m 23 1930. to At 10 ,1000
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
yrs. 0 mos. 18 ds. or min.	The CAUSE OF DEATH * wes as follows:
BOCCUPATION	HE. ICE
(a) Trade, profession or particular kind of work	A fully
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsde
9 BIRTHPLACE (State or country)	Contributory Secondary
Ylayland	(Disson) mos de
10 NAME OF Stantes Deken	(Signed) M. D
11 BIRTHPLACE	7/2 193 CrAdded Muchy Mil
C (State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Emma E. Mc Suath	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER MAGNETICAL	At place of death yrs mos. ds. State yrs mos ds
(State of Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
a. t. Thomas D. h.	Former or usual residence
(Informantil #2. Snow Itill Mayland	Jim Church Cem. Feb. 11, 130
Filed Fel. 11 1830. V. May June, Registrar	Holloway + Co Schilling Md.
If more bienks are needed, address State Registral	, 16 W. Seratoga &., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) especially in industrial employments, it is neces-For many occupations a single word or term on specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The Locomotive engineer, (6) materia Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic valvular heart disease; affection etc. The contributory need not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH County Microises	O7075 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
	Village or City California (No. 4/6 C. S.)  2FULL NAME Naomi Belle	St.: 5 Ward)  Oyke  Oyke  Oyke  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDWED, OR DYDRICES (Write the word)	16 DATE OF OEATH 28 , 1986
	(Month) (Day) (Year)	that I last saw h alive on 192
	7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 1.40.4m The CAUSE OF DEATH * was as follows:
	GOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts mos / de
	(State or country)  Nanyland  10 NAME OF FATHER Mairon M. Dyker  11 BIRTHPLACE OF FATHER (State or country)  What is a state of the sta	(Signed)
	12 MAIDEN NAME OF MOTHER FOIS V. Whayland 13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrstnesds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
	Hadress F. Isabella et. Salisbey My  Filed June 29,9230. V. May Turner Registrar	Parens Cemetry June 29 1930 20 UN DERTAKER  HOLOWAY & Co Saling And.
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil ongmeer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write Nonc. especially in industrial employments, it is necesor At Home, and children, not gainfully em-For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Wilnow
Inhorer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; can be ascertained as the cause. Always qualify all "(Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	, PH	
)	Ssiffic	/
	XA Care	
	ed e	
	state prop	
	be ck	
	may n ba	,
	to the	-
	ACE	
	ed. s so	
•	ippli erm e in	
	y su ain t	
)	n pla	
	TH I	
	DEA'	
	oulc PF I	
	n sh	
	CAL	
	orm ate	
	d st	
	n o noul	
	s sl	
	Every item of information should be carefully supplied. ACE should be stated EXACTL. CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classifi statement of OCCUPATION is very important. See instructions on back of certificate.	
	III	l

PLAGE OF DEATH	09638 STATE OF MARYLAND
/ County / Meerica	CERTIFICATE OF DEATH
	Registration Dist, No. 333
Mar S. L.	Registration Dist. 110.
Village, or City William (No.	St.: Ward) a hospital or institu-
2FULL NAME Como Eliza G	tion, give its NAME 11 - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
WIDOWED. WIDOWED.	Jan aug 17, 1986
(Write the word)	(Month) (Day) (Year) 3/
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
May 10, 1863	1923 v. to 1923.
(Month) (Day) (Year)	that I last saw h alive on My // , 1925 ,
7 AGE [If LESS than	and that death occurred on the date stated above, at
74- 2 1 day hrs.	The CAUSE OF DEATH & was as follows
yrsds. ormin.?	Comman grunning (canon
8 OCCUPATION (a) Trade, profession or	Mushlyse !
particular kind of work 41 11011	
(b) General nature of industry	
Which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE	Contributory Minulary Sugnal / Tonning
(State or country) Dilawane	(Duration) Lyn multip
10 NAME OF O	1/1-12 22:1
FATHER CLIAN KOVES	(Signed) M. D.
O II BIRTHPLACE	1923 / (Address) of a Malla of A
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Vicient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TIZ MAIDEN NAME ()	Accidental, Suicidal or Homicidal.
a of MOTHER dovey dockly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Olawas	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
60 4 21.	Former or usual residence
(Informant) COVOL / Tiggs	19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Delmon Bela	hap of Second
	11. Con aus cluy 7. 10
15 Filed lug /4 1920. V. May June	20 UNDERTAKER ADDRESS
/ Registrar	The Dimonor Delmonde
If more bianks are needed, addre-s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (g) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory "Ilaemorrhage,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	03394 STATE OF MARYLAND
County / Sugaron	CERTIFICATE OF DEATH
A Trape and the state of the st	(7)
Merch Sal and	Registration Dist. No.
Village or City No.	St.: Ward) (If death occurred in
21,	a hospital or institu-
2FULL NAME Hond Counist	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE.	16 DATE OF DEATH
Am / WIDOWED. OR DIVORCED	///WCM 1930
Mile Mule (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Webs 23 1924	1930 1, 26 1931. to May 7, 1930,
(Month) (Day) (Year)	that I last saw hamalive on Mas 7 192
7 AGE [If LESS than	1370
dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows,
yrs. mos. ds. or min.?	
8 OCCUPATION	primme (was)
(a) Trade, profession or	- CANADAN PANDA
particular kind of work	
business, or establishment in	71.
which employed or (employer)	(Duration) yrs. mos 1 ds.
9 BIRTHPLACE	Contributory / Manual
(State or country)	(Duration) yrs mos 12 ds.
10 NAME OF	Mittage !!
FATHER CLEANING CHAINS	(Signed) M. D.
0) 11 BIRTHPLACE	Mys 192 (Address) / funds / funds
	*State the Disease Causing Death, or, in deaths from
CState or country) Selection 12 MAIDEN NAME (	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bushie Every	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. fn the Stateyrsmosds.
(State or Country) Ollaware	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
and Class Equation	Former or usual residence
(Informant) of grance ellow	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Demantel LAH	
	Melson Con Will March 7, 1000
Filed 192	20 UNDERTAKER ADDRESS
Registrar	Will & Marvy Demarkel
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perlonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic and consequences (e.g., sepsis, Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory Measles ; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	04721 STATE OF MARYLAND
County Mconsico	CERTIFICATE OF DEATH
arriva nose Care Juny of A. IC (A)	Registration Dist. No. 333
Village or City alistenny (No.) Sen	Henry Hospital Ward) (If death occurred in a prospital or institution, give its NAME instead of street and
<sup>2</sup> FULL NAME William U Cliu	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Sept 76, 1894  (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920 C
7 AGE (Nonth) (Day) (Year)	and that death occurred on the date stated above, at
yrs. 9 mos. ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry assiness, or establishment in which employed or (employer)	non-proofonal 5 due to pus tubes, curyo
9 BIRTHPLACE (State or country) Aulaware	Contributory Secondary  Dyration 1 10 10 10 10 10 10 10 10 10 10 10 10 1
10 NAME OF FATHER Ohn & Calloway	(Signed) M. D. Hels M. Hels M. D. Hels M. Hels M. D. Hels M. Hels M. Hels M. D. Hels M. Hels M
OF FATHER  (State of country)  12 MANDEN NAME  (Country)  12 MANDEN NAME  (Country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
(Informant) & The BEST OF MY KNOWLEDGE	Where was disease contracted, and if not at place of deeth.  Former or usuel residence.
(Address) Delmar Delt	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LINE  ADDRESS  ADDRESS
Filed Ugu // 1900 · O. May Jumes	1 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping Never report mere symptoms or terminal condicough; Chronic affection need etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

PLACE OF DEATH .	03395 STATE OF MARYLAND CERTIFICATE OF DEATH	
Eastern Show Intreelle	sis Sandruia Registration Dist. No. 333	
Village or City Salishing (No. MI) 2FULL NAME Mary Jame	St.: 13 Ward) (If death occurred in a hospital or institution, give its NAME instend of a street end number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale While Strong Marries Marries OR DIVORCED (Write the word)	16 DATE OF DEATH March 8, 1980  (Month) (Day) (Yeer)	
September 14, 1904 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from September 7, 1929 to March 8, 1930, that I last saw her alive on March 7, 1930	
7 AGE  25 yrs. 5 mos. 22 ds. or min.?	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work  (b) General nature of industry	I ulmmay tubueulses	
business, or establishment in which employed or (employer)	Contributory Secondary	
10 NAME OF FATHER RA Hall	(Signed) Charles O Steen M. D.	
OF FATHER  (State or country)    Country   Cou	*State the Disrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury end (2) whether Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME OF MOTHER Jame Houston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place  In the ace her life	
OF MOTHER (State or country) Delaware	At place of death yrs 6 mos ds.  Where was disease contracted, if not at place of death?  At place yrs mos ds.  At place yrs mos ds.	
(Informant) M. Haller Click  (Address) Salishary, M. R. A.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Neuroland Md. 3/10/30, 19	
Filed Mich 10,930. L. May June Registra	20 UNDERTAKER L'THE WELL A John Co. Salishury, M.S.	
If more blanks are needed, addrose State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on Stationary freman, etc. But in many Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERFERAL perilonitis, "(Exhaustion," "Heart lauwe, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy" "Collapse," "Coma," "Convulsions," telanus) may be stated under the head of "contributory" "Debility" ("Congenital," "Sonile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," causing Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Mcdical Association.) ..... (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), interstitud nephritis, cough; or intercurrent) affection need Chronic Carcinoma, Sarcoma,, etc., of valvular heart etc. Nomenclature The contributory not be disease;

If this certificate is Loked over thoroughly and all questions answered in detail, it will prevent further correspondence. It he data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retited from Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Nervald, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Foremon, (b) Automobile factory. The material applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborerthat fact may be indicated thus; Farmor (re-(b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erecrospinal fever (the only definite synonym is "Epidemic errebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Mcasles (disease inges, perilonacum, etc., Carcinoma, Sorcoma, etc., of diseases resulting from childbirth or miscarriage as "Puerperal sopticaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Whooping use of "Tumor" American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; for malignant neoplasms); Meosles, Chronic valvular heort affection need etc. The contributory Always qualify all not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	PLACE OF DEATH County Wisomirs	03396 STATE OF MARYLAND CERTIFICATE OF DEATH
	Near Salisham N. R.D. 7	H3 By 127 Fegistration Dist. No. 333
	2FULL NAME Milliam 94.	#3 Boy 127 St.: 5 Ward)  Ellistt  (If death occurred in a hospital or institution, give its NAME institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White SINGLE, MAPRIED, WASHINGTON (Write the word)	16 DATE OF DEATH  Mac. 7, 19230  March (Month) (Day) 7 (Year)
	6 DATE OF BIRTH  71 25, 1866  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 7 1980 to March 7 1980 that I last saw harmalive on March 7 19230
	7 AGE 64 yrs. 0 mos. 12 ds.   If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at //-309 m. The CAUSE OF DEATH * was as follows:
111	(a) Trade, profession or particular kind of work  (b) General nature of industry	Ostient died anddenly : acute dilectation
	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Maculand	Contributory Secondary
	10 NAME OF FATHER ohn M. Elliott	(Signed & Cacles 7 Seorge M. D. 3/7 1930 (Address) Sales Leep
	OF FATHER (State or country)  Maryland  12 MAIDEN NAME  OF FATHER  (A State of Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Collens Dumbley.  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
	(Informatilise Sadie Elliott	if not at place of death?  Former or usual residence
	Rist 3. Salishing Maryland	Parsons Cem. Mar. 9, 130
	Filed Mich 8 1930. WMay Junes Registrar	Holloway + G Schitung Md
	If more bianks are needed, address State Registrar	, 16 W. Saratoga S., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer—Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer, For persons who have no occupation Automobile factory. The material -Precise statement of oc-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure, Haumundes, "Shock," "Shock, " "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not be see important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

m

PLACE OF DEATH	STATE OF MARYLAND
County bie wies	CERTIFICATE OF DEATH
	217
6 - ' -	Registration Dist. No.
Village or City SalesburyNo.	(If death occurred in a hospital or institu- tion, give its NAME in-
Still FAL NAME LOR Warles Ellis	(613 Bassella Saglead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, sungle.	16 DATE OF DEATH
Widowed, OR DIVORCED (Write the word)	3 - 12 , 198 0
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
3-12- 930	
(Month) (Day) (Year)	that I last saw h alive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
yrs. Omos. Ods. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Al Ullen - 1
(a) Trade, profession or particular kind of work	- Joseph Jan
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrsmos,ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	(Duration) mosds.
FATHER Search I Person 500:	(Signed). M. D.
M 11 BIRTHPLACE	3 - 1000 (Address) Salvany, M.
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country)	of death yrsds. State yrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Leve Gent Hospital.	Former or usual residence
(miormant)	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Salvyny, Ma.	Howston em Meh 14, 1830
15 Filed Mich 13 1930. WMay June	20 UN DERTAKER ADDRESS
Registrar	V. M Sterrast Halisbury 2

If more branks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

03397

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a er," etc., without more precise specification as Doy Jaborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. business, that fact may be indicated thus; Furmer (reto report specifically the occupations of persons enwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Foremon, (b) For many occupations a single word or term on (b) Cotton mill; (o) Salesman. For persons who have no occupation Automobile factory. The material Locomotive engineer, (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasins); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomtelanux) may be stated under the head of "contributory." carbolic ucid-probably suncide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondar or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomencluture of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: A ceidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The valvulor heart disease; Always qualify all contributory not be

If this certificate is looked over thoroughly and a i qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

ż

PLACE OF DEATH	STATE OF MARYLAND
County Wilcomap	CERTIFICATE OF DEATH
	Registration Dist. No. 332
Village or City Petts ville masso. R.D.	St.: Ward) (If death occurred in
	tion, give its NAME is-
2FULL NAME Cimelia Cim	Ellis stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal white Single,  MARRIED,  WIDOWED Widow  OR DIVORCED  (Write the word)	16 DATE OF DEATH Que 29 , 1930
6 DATE OF BIRTH	17 HEREBY CERTIFY, That Intrended the deceased from
(Month) (Day) (Year)	that I last ear her alive on Chi 29 19230
7 AGE If LESS tha	
90 yrs. 9 mos. 14 l day hr.	
BOCCUPATION	Description of The Color of March To
(a) Trade, profession or Petricular kind of work	300000
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)visds.
9 BIRTHPLACE	Contributory
(State or country) maryland	(Duration) yrs. raos. ds.
TO NAME OF FATHER 7/1 10 1	(Signed) Tealles The Drory M. D.
11 BIRTHPLACE	199 1983 (Address) Valesty Lig
OF FATHER Z (State or country) Manyland	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER (1)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Mayana	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Edioth Parson	Former or usual residence
(Address) Pittsvill Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CHIEF 31, 1980
Filed aug Do 19230 Ilad J Linte	m Parhallatson Selvyvell
If more banks are needed, addre.s Ltate Kegistr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00000

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from work, business, that fact may be indicated thus; Farmer (reg ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, worked on may form part of the second statement first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, For many occupations a single word or term on yrs). : For persons (b) Collon mill; (a) Salesman. Stationary fireman, etc. But in many 6 Automobile factory. The material Architect, who have no occupation Locomolive engineer, not gainfully em-As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

> approved by "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perdondis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traindiseases (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; Comnuittee on Chronic Example: Measles (disease affection need not be etc. valvular heart disease; Nomenclature Always qualify all The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County licoured	Registration Dist. No. 333
Village or City Saladay (No) La	St.: Ward) (If death occurred in a hospital or institution, give Its NAME in stead of street and number.)
- January Company of the Company of	numoer.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH Mr. 25 , 192
Male a. a. (Write the word)  DATE OF BIRTH A Chart	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
1850	that I last eaw handlive on Mr. 22 1938
(Month) (Day) (Year)  7 AGE Chart   If LESS than	111
yrs. mos. ds. or min.	
B OCCUPATION (a) Trade, profession or particular kind of work	Cerebal Ofoflexing
(b) General nature of industry	( ) ( )
business, or establishment in which employed or (employer)	Contributory Newson Puralysis ds
State or country	Secondary (Duration) yww
10 NAME OF SALAR ON	(Signed) NOTOTAL M. D
O 11 BIRTHPLACE	Mw, 20 192 (Address) Marty W
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Unnie Jawnsend	18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs ds. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Unnie Pallorias	Former or usual residence
(Address) Saleshing Md	Hone tutien Frenthan Nov 30. 19 Z
Filed Nov 28 19830. WMay Turnel	TO UNDERPARER ADDRESS MA
4	y, 16 M. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesnature of the business or industry, and therefore an er," etc., worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager." "Deal-Spinner, en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enor given up on account of the DISEASE CAUSING DEATH. Howsemaid, etc. If the occupation has been changed tired 6 yrs). business, that fact may be indicated thus; Farmer (rewhatever, write Nonc. Foreman, (b) Cotton mill; (a) Salesmon. (b) Groccy; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation -Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrasian' fever the only definite synonym is "Epidemic cerebrasynal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonuoum, etc., Careinomu, Sarconu, etc., of . . . . . . . (name origin; "Cancer" is less definite : avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-"Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childhirth or miscarriage as "PHERPERAL septicaemia," "PHERPERAL peritonitis," etc. ean he ascertained as the cause. Always qualify all State cause for which surgical operation was underor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, approved by Committee on American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) is indefinite); Tuberculosis of lungs, men-Chronic affection need not be etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cooli, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> in telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsia, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was understated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need not be valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.--

11

PLACE OF DEATH	08393 STATE OF MARYLAND
County Wusmile	CERTIFICATE OF DEATH
	(129) Registration Dist. No. 332
Village or City Har Petterell (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME James Wilson	Enus stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Bay) (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That tottended the deceased from
Rober 31- 1863	1929 to July 8, 1920,
(Month) (Day) (Year)	that I last saw h walive on fally 10 , 1900,
7 AGE	and that death occurred on the date stated above, nt 2.2.2.m.
HG yrs. mos. de fr. min.?	The CAUSE OF DEATH * was as follows:
707	(101-100-77
(a) Trade, profession or	Clottee Turgellaline
(b) General nature of industry business, or establishment in	(Durstion) vrs. mos. ds.
which employed or (employer)	
9 BIRTHPLACE	Contributory Sulus Stella Refluites Secondary
10 NAME OF	(Duration) yis mos ds.
FATHER James Cerlini	(Signed) (Signed) M. D. 1923 O(Address) Seles Fuy Zuch.
OF FATHER  (State or country) Wecomes Mary lue	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Leah. Comme.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or country) (W 4 mms) Marut	of death yrs mos. ds. State yrs mos, ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
40000	Former or usual residence
(Address) Wlards, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Willand Commentary July 30 1930
	THURSTON STATE OF THE STATE OF
15 Filed July 19 1930 Leland J. Lrutt Registrar	Jam Howard Well Pilliable
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census End American Public Health Association.)

laborer, additional line is provided for the latter statement; it Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Foreman, or At Home, and children, not gainfully cm-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. (secondary or intercurrent) Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., ol interstitial nephritis, by " "Marasmus," "Old Age," "Shock," Committee on Chronic chopneumonia (secondary), The n\_ture of the injury, affection need not be etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions or back of certificate. CORD WITH UNFADING INK--THIS IS A PER'T NENT BINDING FOR MARGIN RESERVED WRITE S No. 1

County Turisamica 05958 CERTIFICATE OF DEA	17
(4°a)	AIH
Registration Dist. No. 3	3./
Village or City Mard) (If death a hospital tion, give it stead of	S P'AME 1) -
2FULL NAME Milley & vane number.)	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day)	1927)
6 DATE OF BIRTH	
1 mm 20 1817 4-26 1936 to 5-1	, 192
(Month) (Day) (Year) that I last saw har alive on 5	, 1923.0
7 AGE    If LESS than and that death occurred on the date stated above, at	DOerm.
19 yra. // mos. /4 ds. or min.?	
B OCCUPATION	- 497 Pp - 4
(a) Trade, profession or particular kind of work	
(b) General nature of industry	12
business, or establishment in (Duretion)m which employed or (employer)	osds.
9 BIRTHPLACE Contributory Secondary	
(State or country) (Durstion)	108ds.
10 NAME OF FATHER SELECT (Signed) Bolle Selles	M. D.
11 BIRTHPLACE	Med
Z (State or country)  Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	Whether
of Mother World House 18 Lingth of Residence (For Hospitals, Institution of Recent Residents)	ions, Trans-
At place OF MOTHER  At place of deathyrsmosds.	mosds.
(State or Country) Where was disesse contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea h?	0 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Usual residence usual residence	
(Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF	BURIAL
(Address) Manucosel en Janticote Me 6-1	, 1950
Filed May 7 1930 P. Worlford Walter Www Left essect form Bira	locald
If more blanks are needed, address tate negistrar, 16 V. Saratoga St., Balto., Lequesting V. S. No. 1.	A

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., warn laborer, lahorer, Farm laborer, are Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. Wom-Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E haustion," "Heart failure," "Haemorrhage," "Shock," st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all Whooping use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by rajlway train-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU...Y cough; Chronic Carcinoma, Sarcoma, etc., of The n\_ture of the injury, etc. The contributory affection need not be valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

υž

N. B.

	PLACE OF DEATH  County (Conico	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Henow Seleno. Thomas	St: Ward)  St: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Dsy)  (Year)  17  [HEREBY CERTIFY, That I attended the deceased from
	Sefit 28, 1929 (Month) (Day) (Year)	that I last saw h 22 alive on May 9, 1927
	7 AGE   If LESS than   1 day hrs. or min.?	and that death occurred on the date stated above, at
1	8 OCCUPATION (a) Trade, profession or particular kind of work.	Consortal inlayent of
1	business, or establishment in which employed or (employer)	Contributory forth distaller of pecondary (Duration) for mos de
	on 11 BIRTHPLACE Suption of Evans	(Signed) M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
12 12 12 13 14 THE	of Mother Dane to	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
	(Informant) Custon y Evans	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Stravosti Filed West 10 1923 (17 Denne Registrar	M. P. an Susure March 1/1930 20 UN DERTAKER ADDRESS ADDRESS
1	If more blanks are needed, addre,s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physicium, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coul mine, etc. Wom-(6) Grocery;

Strtement of Cause of Death—Name, first, the Diseal Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Heart failure," "Haemorrhage," ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERCERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, (Recommendations on statement of cause of American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi death), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and n l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

STATE OF MARYLAND

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e. g.. Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, Locomotive engineer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Spinner, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager." "Dealwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation -Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crdbrosynimal ed term for the same disease. Examples: ('crdbrosynimal definite synonym is "Epidemic cerebros inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pheumonia, Bronchopneumonia ("Pneumonia");

> inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic Chronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-atte), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, Examples: A ceidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Never report mere symptoms or terminal condi-Chronic etc. affection need not be valvular The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	GOGAL STATE OF MARYLAND
	County Wy Comelo	CERTIFICATE OF DEATH
	A STATE OF THE STA	, Registration Dist. No. 333
1	Village or City Salinhurs (Notemental	la Hestitalst: B Ward) (If death occurred in
	000	a hospital cr institu- tion, give its NAME in- stead of street and
	2 FULL NAME James & unely	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
	WIDOWED, OR DIVORCED	(Month) (Day) (Year)
	Male a a (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
H	O a a a a a a a a a a a a a a a a a a a	Juy 29 1000 aug / 1982
	(Month) (Day) (Year)	That I last saw how alive on Cluy 1 1993
	7 AGE [If LESS than	and that death occured on the date stated above, and
	l dayhrs.	
	yrsds. ormin.?	
100	8 OCCUPATION (a) Trade, profession or	The Colle
-	particular kind of work (b) General nature of industry	
1	business, or establishment in	(Duration) yıs mas da
	which employed or (employer)	Contributory mulation
	9 BIRTHPLACE (State or country)	Secondary
	I 10 NAME OF	(Duration) yrs mosds.
	FATHER Homes H Association	(Signed) M. D.
	OF FATHER	(Address) Jawy
	OF FATHER  (State or country &	*State the Disease Causing Death, of, In deaths from Violent Caus e, state (1) Means of Injury and (2) whether
	C 12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER	At place of death yrsmos ds. State yrs ds. ds.
	(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	THE ABOVE IS TABLE TO THE BEST OF MIT KNOWLEDGE	Former or
	(Informant) some fundy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) & - landa ma	41 + 0 - 01
	- 0 2 21 0 1	Marston Olm mil ling 3, 193
	Filed Mug G. 1930. C. May Sugar	Ville o 800 m
		W. Saratoga St., Balto., Requesting V. S. No. 1.
	If more branks are needed, address State Registra	1 IN III Cataroga beil banton Reducating a. 110. 11

#### Kon H.P. O.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

100

(Approved by U. S. Census and American Public Health Association.)

eupition is very important, so that the relative health Statement of Occupation - Precise statement of oction applies to each and every person, irrespective of fulness of various pursuits can be known. The questhe first line will be sufficient, e.g. Farmer or Planter, Spiener, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, er," etc., without more precise specification as Doy laborer Farm laborer, Laborer—Coal mine, etc. Wom-Mever return 'Jaborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. em at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Househousehold only gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed whatever, write None. For many occupations a single word or term on or At Home, and children, not gainfully emspecifically the occupations of persons en-For persons who have no occupation (not paid Housekeepers who receive a Locomotive engineer,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosyninal general (the only definite synonym is "Epidemic cerebrosyninal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinonu, Surcoma,, etc.. of unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy." "Collapse," "Conna," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping "Inanition," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-"Puerperal septicaemia," "Puerperal peritonitis," etc. can he ascertained as the cause. Always qualify all .... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underas fracture of skull, and consequences (e.g. sepsis, telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by quitway train-accident; Revolver wound of head—homicide, Poisoned t curbolic acid - probably suicide. The nature of the injury, approved by Committee on (Recommendations on statement of cause of death American Medical Association.) resulting from childbirth or miscarriage as cough; Chronic valvalor heart Nomenclature need not be Poisoned by disense,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

>		, PHYSI-
V. S. No. 1 MARGIN RESERVED FOR BINDING	WRITE F IN WITH UNFADING INK-THIS IS A PERMANENT PCORD	N. B.—Every item of information should be carefully supplied. ACE shows be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
120		Ma

	PLACE OF DEATH County//icomiss	9 CERTIFICATE OF DEATH
X	A WITHIN GRAPHENCE COURSE ME	Registration Dist. No. 933
	Village or City Salishy (No. 207 Ele	St.: 5 Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	2FULL NAME JULY (JULE )	number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDDWED. OF DIVERSE LE WITH WORTH	16 DATE OF DEATH (Money) (Day) (Year)
D	Oct. 30 , 1928	17 I HEREBY CERTIFY, That I attended the deceased from uly 2 1930, to 2, 1930,
	(Month) (Day) (Year)  7 AGE    Graph   If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at 250 Pm, The CAUSE OF DEATH was as follows:
1	8 OCCUPATION (a) Trade, profession or particular kind of work	James Thuring
-	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 3 ds.
	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) Tyre mos de,
	10 NAME OF FATHER Carl OD. Frigge	(Signed) 1 1930 (Address) Talkahn, M. D.
	OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Many Bt. Hayman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Veleuran	At place of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Address 207. Elizabet of Salisbury	Parens Cem. aug 4, 1930
	Filed ang 4 1930 V. May Juneler Registrar	Holloway + a Sality Md.
	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation mill; (a) Salesman, -Coal minc, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underatic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "IIaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; or intercurrent) Chronic valvular heart disease; Example: Measles (disease affection need etc. The contributory Nomenclature of the Measles; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County///	05959 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hyper Village of City Hyper Village of City Hyper Village The	Registration Dist. No.  St.: Ward)  A positive tion, give its NAME in stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acolor of Race Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MOY 25-, 193 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h malive on May 25, 1923,
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF	(Duration) / yrs. mos. ds.  Contributory July Mural Pully Mul Secondary / Duration) / yrs. mos. 1ds.
FATHER MONGAS a tiggs  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs ds. In the State yrs ds. Where was disease contracted, if not at place of death?
(Informant) Mr. Dellie Figgs (Address) Delinara & A 43	Former or usual residence.  19 PLACE OF BURIAL OR REMOVARY M DATE OF BURIAL Charity Cm Mineral May 28, 1980
Filed May 26 1986 W.T During Registrar  If more hanks are needed addres a State Registrar	20 UNDERTAKER  WILL SMANN THE SEMENT
it more plants are meeded, address clate wegistfar	to the particolar perit parents treducerents to pri tree to

#### CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an er," etc., without more precise specimeanum in laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhow ehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use c. "Croup"); ed term for the same disease. Examples: Cerebrospinal Strtement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia (" neumonia," P. eumonia");

> American Medical Association.) stited unless important. Example: Measles (discase inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopmeumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. Then ture of the injury, as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL scplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely s; mptom-(secondary or intercurrent) Whooping approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"E Lhaustion," "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart affection need etc. The contributory Always qualify all disease, not be

permanently filed. data is If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. essential and must be obtained before the certificate is

z

PLACE OF DEATH  County Wie Mules	04723 STATE OF MARYLAND CERTIFICATE OF DEATH
County Wife agences	Registration Dist. No. 333
Village or City & also Drumbled. Ko	u. oul - the support of the institu-
2FULL NAME Carel Fish	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	6 DATE OF DEATH W 19230 (Month) (Day) (Year)
6 DATE OF BIRTH March 16, 190; (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930, to 1930, to 1930, that I last saw him alive on 1923.9
7 AGE    If LESS than   day   hrs.   day   mos.   day   min.?	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Halimal Cumulages
10 NAME OF FATHER Clyed False.  11 BIRTHPLACE OF FATHER (State or country)  12 (State or country)	(Signed) M. D.  *State the Discase Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAVE OF MOTHER SULLIS TWILL '  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) Hig Jewie Fester  (Address) La suis la Ceity M	Where was disease contracted in Tral's Volume Road if not at place of death?  Former or Sommath, help  19 GLACE OF BURIAL OR REMODAL  19 GLACE OF BURIAL OR REMODAL  20 UNDERTAKER  ADDRESS
Filed Un 17 1900, & May Mull	Jenes Sevenses To comolo Co , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremum, etc. But in many en at home, who are engaged in the duties of the Spanner, worked on may form part of the second statement. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serunt, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Former (re-Howsemuid, etc. If the occupation has been changed ," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. yr.s.). (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitie"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"?

inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Meosles (disease use of "Tumor" for malignant neoplasms); Meusles; "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping discases resulting from childbirth or miscarriage as can be ascertained as the cause. or as probably such, if impossible to determine definitely State cause for which surgical operation was undercarbolic acid-probably suicide. The nature of the injury; uccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature Ictanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic valvular heart etc. The Always qualify all contributory discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(If death occurred in

a hospital or institution, give its NAME in-

DATE OF BURIAL

number.)

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g. Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, er," etc., with laborar, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of whatever, write None. business, that fact may be indicated thus; Furmer (re-Howsemuid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Compositor. Architect, of Occupation-Precise statement of oc-(a) the kind of work and also (b) the Laborer--Coal mine, etc. Wom-Locomotive engineer, persons en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinul fever (the only definite synonym is "Epidemic cerebros in in all meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonacum, etc., Curcinoma, Sarcoma,, etc., of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely ..... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valeular heart disease; Nomenclature The contributory Meusles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Ш

≥	
_	
o Z	ı
	-1
or (	1
D (	-

PLACE OF DEATH	STATE OF MARYLAND
County Thiconico	(142) CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Salisbury (No. Peninsu	La Markital 13 mm (16 death accurred to
Village of City Children (No. 12 No. 12)	St: Ward) a hospital or institution, give its NAME in-
2FULL NAME addie Find	steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
Yem Ala, Selil WIDOWED. WILLY	120, 120,
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	warely 2 1920, to warely J. 1950
(Month) (Day) (Year)	that I lest saw h Walive on March 5 1950.
7 AGE (Month) (Day) (Tear)	0.12
l dayhrs	
14 yrs. / mos. ds. or min.	Huesteral Estanfoner
8 OCCUPATION (a) Trade, profession or (1) Then 1	
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) Julyanno do,
which employed or (employer)	Contributory Tulingman order
9 BIRTHPLACE (State or country) Muulas &	Secondary
1 10 NAME OF ALL	(Durstion) yts mos de,
FATHER A. I. Shares	(Signed) M. D.
O II BIRTHPLACE	March J 1920 (Address) Alltstung Mil
OF FATHER (State or country)  12 MAIDEN NAME / M. A. A.	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether
	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trens-
of MOTHER "MAG" NO CLANUED	ients or Recont Residents)
OF MOTHER MILLIAM	At place of death yrs mos ds.c state fyrs mos ds.
(State or Country)	Where wes disease contracted, anen Luatu Mil
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or Days . Land
(Informant) Morman Mu Sariel,	usual residence
(Address) Sleals Island, Md.	orisle, Md. 3/9/30, 19
15 Filed Mich 9 1930. D. May Lunes	20 UNDERTAKER ADDRESS STEELS ADDRESS STEELS ADDRESS STEELS ADDRESS ADD
If more banks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

122200

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

R	6	, PHYSI-	
	CORD	EXACTLY Illoates	The state of the s
ING	NENT I	d be stated by be proper ack of cert	
MARGIN RESERVED FOR BINDING	WRITE FOR WITH UNFADING INK-THIS IS A PERWENT LORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
ERVED F	VKTHIS I	y supplied.	
IGIN RES	FADING II	be carefull EATH in pid important.	
MAR	WITH UNI	ON is very	
	N.O.	f informati	
	WRITE	ery item of ANS should atement of	
A . D. LVB. L	(	N. BEV	

V. S. No. 1

/ /// -	(1731) STATE OF MARYLAND
County // Comics	CERTIFICATE OF DEATH
WITHIN THE REAL AND ADMITTAL WAY	Registration Dist. No. 333
Village or City alichus (No. 307 15	Paker ca. 5 ward (If death occurred in
Village or City Austrum (No. 30 / 18	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Eliza Jane	Florey stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 15, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aug 17 1846	[ 10 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Month) (Day) (Year)	that I last saw her alive on Sept 15,
7 AGE [If LESS than	and that death occurred on the date stated above, at . M.O.P.m.
CLI 18 I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Oprovie Pergto Masse
8 OCCUPATION (a) Trade, profession or Q	
particular kind of work	***************************************
(b) General nature of industry business, or establishment in	(Durstion) yrs mos do.
which employed or (employer)	al a marge
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  The most description of the secondary
TO NAME OF SATHER Was bessered	(Signed) VV . D. Wails M. D.
11 BIRTHPLAGE	24/16 1900 (Address) 22/11
OF FATHER/ (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidel or Homicidal.
of Mother Unferrow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	When and disease contracted
14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informante Charles W. Froskey.	Former or usual residence
(Address ) 7. Bakust Salisby My	Parsons am. Sept. 17, 30
15 Filed Sept 13 19230 V. May Thuner Registrar	20 UNDERTAKER Co. Johnson Md.
If more bianks are needed, address State Registration	r, 16 W. Saratoga St., Salto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupationstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on home, who are engaged in the duties of the (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train— American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'll questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLAC	E OF DEATH			14164	STATE OF	MARYLAND
County	Vicomico	******		(Mars)	CERTIFICAT	E OF DEATH
WITHIN &	0				Registration	Dist. No. 333
Village or Ci	ty Salisbury	/ (No. /	OG. TH	ospilal	St.: /3 Ward	
2F	ULL NAME MV.	Ernet	Jos	key Oc	ean City /	tion, give its NAME in- tead of street and number.)
PERSO	NAL AND STATISTIC	AL PARTICUL	ARS	MEDI	CAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE !	WIDOWED.  OR DIVORCED  (Write the word)	uried	16 DATE OF DEATH	nov.	7 , 1930
6 DATE OF B	IRTH A 10	(Wasse the word)		17 I HEREB		(Year)(Year)
	Ochretino	WH	1879	***************************************	192 to	, 192,,
	(Month)	(Day)	(Year)	that I iast saw h	alive on	, 192,
7 AGE	7-1		fLESS than		irred on the date state	d above, at // O/ m.
	97 vrs. 0 m	os. 18 ds.	day hrs.	The CAUSE OF DEA	TH * was as follows:	(Suther 0)
	profession or	70			ount.	
	nature of industry	lishers	ulun			ith, imperson librar ness i secono suco sa negocia e trupo e e e e e sa salum
Business, or	establishment in				(Durstion)	yrs mos ds.
	oyed or (employer)	000000000000000000000000000000000000000		Contributory		
State or		and -		Secondary	(D	
10 NAME		H. Hoz	key.	(Signed)	(Duration)	yre
0 11 BIRTHE	PLACE MA	20 class	1	1/1/ 192	(Address)	alet
OF FAT	or country)	young	1:11	*State the Violent Causes, Accidental, Suicida	Disease Causing Death state (1) Means of I I or Homicidal.	, or, in deaths from njury and (2) Whether
of Mo		alla ils		IB LENGTH OF R	ESIDENCE (For Hosp	itals, Institutions, Trans-
13 BIRTH	HER // ///	rylan	el.	At place of death yrs.	In th	e yrs mos ds.
14 THE ABOVE	EIS TRUE TO THE BEST OF	OF MAY KNOW LED	2-	Where was disesse con if not at place of de		
Y/	re Hilliam	y yym	te 7	Former or usual residence		***************************************
(Information (Ad	dress) Sals sku	w mi	1.	19 PLACE OF BURI.	AL OR REMOVAL	DATE OF BURIAL
15 Filed h	~ 10 19230. V	may	une	20 STREET AKER	Le C	ADDRESS M
			egistrer	Hollow	ay to. y	Dahotry 414
	If more branks are no	eded, address Lta	te Kegistrar	, 16 W. Saratoga St.,	Bato., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Compositor, Architect, For persons who have no occupation 6 If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. Wom-Salesman. Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebropical ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," "Shock," approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perdonitis," etc. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions an avered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	4	
6		16791
5/8	PLACE OF DEATH	STATE OF MARYLAND
37 W /	County 11) comico	CERTIFICATE OF DEATH
. pod		Registration Dist. No. 333
15	$C(\Lambda)$	A A A A A A A A A A A A A A A A A A A
ass te.	Village or City Salisbury (NoThd. Texu	usula Ullerast: Houper a hospital or institu-
	4 0 - 2	tion, give its NAME in-
IN TO THE	2FULL NAME VLOEGE TO	skey: Delmar Delmber.)
stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, 77	DIE DATE OF DEATH A
O O O	Male White Wildowed.  OR DIVORCED	September 25. 1930
ould may on ba	(Write the word)	(Month) (Day) (Year)
t m	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
	tanuary 6 1894	19810. to 00 1920.
io ha	(Month) (Day) (Year	that I last saw ham alive on John 1930.
torms so that it	7 AGE	and that death occured on the date stated above, at
str str	31 19 1 dayhrs.	The CAUSE OF DEATH * was as follows: accidental.
upplie torms ee inst	mos. ds. or min.?	Charlest Couperant fraction !
supplied terms s	(a) Trade, profession or	Heall; frontal bours emaled mile
: X=	particular kind of work Towner.  (b) General nature of industry	brain - tall off a tractor while driving it, who
and	business, or establishment in	ran over his head conform
are in	Which employed er (employer)	Contributory Delebral beambay of shork -
o du	9 BIRTHPLACE (State or country)	Secondary
ould be carefull F DEATH in pla very important.	Maryland.	(Duration) yrs mos (Vine
Should OF DE	FATHER S (1)	(Signed). M. D.
is is	11 BIRTHPLACE	Sefer 18 1970 (Address Leboten hus
OZ	OF FATHER (	*State the Disease Causing Peath, or, in deaths from
atior CAU	(State or country) Neleway.	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
· - </td <td>OF MOTHER (IN MU LIRAV.</td> <td>18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-</td>	OF MOTHER (IN MU LIRAV.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
form tate CUP	13 BIRTHPLACE	lents or Recent Residents)
E 00 G	OF MOTHER (State or country)	At place of death yrs mos O het State yrs mos O he
of ould of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Musterville, oce And if not at place of death?
. 0	0 0	Forpaer or
item S sho ment	(Informant) Tenuncula Hurral Hosp	12 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ten	(Address) Solisbury Ma.	SAF A . Q - 2 C 3
Every item CIA-43 sho statement	A	1.V. Sun sussycom
1	15 Filed Sept 25/1930. V. Haray Junes	DO UNDERTAKER
001	Registral '	10.0. many for sund fel
2:	If mere banks are needed, address State Registrar	, 16 W. Saratega Et., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As e-amples: (a) additional line is provided for the latter statement; if sary to know cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servent, Gook, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or yrs). Farm laborer, Laborer-Coul mine, etc. Wom-At Home, and children, 'not gainfully emwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebres pound fover (the only definite synonym is 'Epidemic terebrospinal meningitis'); Diphtheria (avoid use of "Chou"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., scpsis, accident; Revolver would of Read-homicide; Poisoned by or as probably spen, if impossible to determine definitely Examples: Accidental drowning: Struck by railway train— "PUERPERAL septieaemia," "PUERPERAL peritonitis," ctc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopncumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma,, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) use of "Tumor" approved can be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menctanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death .... (name origin; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Comnittee on for malignant neoplasms); Chronic "Cancer" is less definite; avoid Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature Always qualify all Measles, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

6

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be property classified. Exact statement of OCCUPATION is very important. See instructions on hack of certificate. CORD NENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PER WRITE

V. S. No. 1

	120	2003 -
	PLACE OF DEATH	6835 STATE OF MARYLAND
	County Huomico	CERTIFICATE OF DEATH
	PERSONAL PROPERTY OF THE PROPE	Registration Dist. No. 333
./	10.	St: /3 Ward) (If death occurred li
tifica	2FULL NAME Stathan H. F.	stead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male White Will word	16 DATE OF DEATH    Am. 22 , 1930
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
0	aug. 10 1859	Jan 22 19230 to Jan 22, 1936
o	(Month) (Day) (Year)	that I ast saw h alive on four 12 19230
not	7 AGE [If LESS than	and that death occurred on the date stated above, at 2.30 P. m
212	70 yrs. 5 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
2	s occupation	Tursauf dealle court
999	(a) Trade, profession or	of thele Kelahout hear
	particular kind of work flavor	<u> </u>
rtan	business, or establishment in	(Duration)yrsds.
port	Which employed or (employer)	Contributory
E E	(State or country)	Secondary (Durstion) vrs. mos
2	10 NAME OF 91	()
× ×	FATHER Shormer Horkey.	(Signed) M. D.
9	0 11 BIRTHPLACE OF FATHER	19870 (Address)
2	Z (State or country) Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	of MOTHER Unkefrown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
2	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) Unknown	of deathyrsds. Stateyrsds Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
111	(Information Phedoia White	Former or usual residence
atem	(Address W. Vine Salitury Md.	Hourt Grove line. Date of Burial for 25, 1936
ō	Filed Jan 25-1930. L. May June	20 UNDERTAKER JODRESS Johnson Md.
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
- 1		

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a en at home, Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "(Inanition," "Marasmus," "Old Age," "Shock," " "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercausing Chronic interstitial nephritis, approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the cough; or intercurrent) Chronic Example: Measles (disease The nature of the injury, valvular heart disease; affection need etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Thuomico	CERTIFICATE OF DEATH
La constitue de la constitue d	Registration Dist. No. 333
	St.: 5 Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Chabella Hillian	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTYFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw lalive on 1920,
7 AGE If LESS than	and that death occurred on the date stated above, at 3.30 P.m.
70 yrs. 10 mos. 7 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	malignant. ceus B.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. ds.
9 BIRTHPLACE (State or country) Muyland	Contributory Secondary  (Durstion) yrs
10 NAME OF John S. Hilliams	(Signed) Revenue M. D.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANIE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Muyland	ients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mus. Joseph a. Gulan,	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Alishay, M.S.	Paiens Ceneley, Salisbury 1/13/30, 19
Filed Jan 13,030. G. May Junes Registrar	The Kill Thawn Co. Salishungma
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. tircd 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on (6) The ques-Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.)
>
> If this carificate is looked over thoroughly and all questions "Debility" ("Congenital," "Scnile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL scplicacomia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The noture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be (Recommendations on statement of cause of death belanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: A ceidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Chronic valvular heart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is exsential and must be obtained before the certificate is permanently filed

ECEIVED

No. 1

00

0

m

ż

PLACE OF DEATH	02044 CERTIFICATE OF DEATH
County Three Carbelle	CERTIFICATE OF DEATH
	Registration Dist. No. 33 /
Village or City Bus (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 2 Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH FART 24 , 19230
6 DATE OF BIRTH  Self 24, 1929  (Month) (Day) (Year)	that I last saw h walive on 2-25-30, 192,
7 AGE   If LESS than   1 day hrs.   ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLASE (State or country)	(Signed)
TATHER  II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place of death yis mos. ds.  Where was disease contracted,
(Informant) ZMM H- XMM (Address) (Address) (Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UN DERTAKER  ADDRESS
Filed 1930 Registras  If more banks are needed, addre.s : tate kiegistras	ir, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

CTATE OF MADVIAND

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary frequan, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e ch and every person, irrespective cf worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomolive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a e-pecially in industrial employments, it is necesman, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation single word or term on

Stratement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.; Y resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need valvular Always qualify all heart not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

80 2 11

PLACE OF DEATH County Willowes	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 336
Village or City Political (No. 201)  2FULL NAME Rosa Lee Zy	S & Elizabelle St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Sept 26, 1930  (Youth) (Day) (Year)
6 DATE OF BIRTH  MOLL 24, 1273  (Par)  (Year)	that I last saw h a alive on the date stated above, at he me
7 AGE    If LESS than   day   hrs.   hrs.   day   hrs.   h	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration)  Contributory Chromonula from all properties of death yrs.  (Signed)  *State the Disrase Causing Death, or, in deaths from Violent Caus a, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place of death.  Where was disease contracted, if not at place of death?  Former or sund residence.
(Address) Delicus Tracing Free (Address) Delicus Delicus Delicus	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  Country  Sept 29, 1831  20, UNDERTAKER
Filed Lyd 27 1920 W The Registral Registral  If more blanks are needed, address State Registrar	Mill & Maway Behnen Ref., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oclaborer, should be used only when needed. As examples: (0) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomothe engineer the first line will be sufficient, e.g., Farmer or Plonter, tion applies to each and every person, irrespective of Spinner, (b) Colton mill; (a) Solesman. (b) tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Hausekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed Foreman, etc., without more precise specification as Day For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia," "Lobar yneumonia. Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinomo, unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway troin-American Medical Association.) Recommendations on statement of cause of death .... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age, Chronic and consequences (e. g., sepsis, etc. The contributory valeular heart disease; Sorcomu,, etc., of " "Shock," Mensles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A it he data is essential and must be obtained before the cartificate is permanently filed.

/// · · · ·	STATE OF MARYLAND
County Momeo	CERTIFICATE OF DEATH
DH.	Registration Dist. No. 332
Village or City Tillsulle (No. 18-0-74-2	St.: Ward) (If death occurre a hospital or int
2FULL NAME Sarsh Unn	e Huerry stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICA CERTIFICATE OF DEATH
S SEX. 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVORCE CON (Write the word)	16 DATE OF DEATH OUT. 6, 193 (Month) (Dsy) (Yea
DATE OF BIRTH  (Month)  (Day)  (Year)	I HEREBY CERTIFY, That I stemped the deceased to the last saw has alive on Orl 6 19
7 AGE [If LESS than	and that death occurred on the date stated above, at 12.9
75 yrs. 9 mos. 7 ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Turing Interstitus Haplin
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsmos
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durstion) yts. mos.
10 NAME OF PATHER Davis Kelley	(Signed) (Racles M Brough Och 6 19730 (Address) Salishy Lee
OF FATHER (State or country)  Manyland	*State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Matthe Dyker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, To
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In the Stateyrsmos
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant). He Pttrille Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLANE CON. OCT. 8. 15
(1114 000)	
15 Filed Oct. 1 1970 Leland J. Friett Registrar	Holloway + a Salishing

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Physician, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The Laborer--Coal mine, etc. (6) material Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"—

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; ("Congenital," or intercurrent) affection need and disease important. Example: Measles (disease "Heart failure," "Ifaemorrhage," Chronic etc. valvular heart The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	05960 STATE OF MARYLAND
County Wie Wice	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City I alis buy would.	Ilu. Beig. The company of Bath occurred in hospital or institu-
2FULL NAME Jacob Fr	iedel - Pacy well bion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 9, 1	911 that I last saw h w alive on 192
(Month) (Day)	SS than and that death occurred on the date stated above, at 12:10 m.
l day	hrs. The CAUSE OF DEATH * was as follows;
g OCCUPATION ds. or	The state of the s
(a) Trade, profession or particular kind of work Farmer	man hapad Del
(b) General nature of industry business, or establishment in	Jud Al
which employed or (employer)	Contributory Washing of Compound are
9 BIRTHPLACE (State or country) Welaware	Muntal fractions the leg Sudit
10 NAME OF (Charles)	mos ds.
11 BIRTHRI ACE	Quay 7 1930 (Address) Scalinly Zuy
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Mary J. Boy C	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Welandel	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Aymy of St.
(Informant) Pen. Genil Hospie	Tal Former or Jussey Co, DCL
(Address) Salisbury, M	d. Sestord Del May 9: 1980.
15 Filed May 1 1930. L. May June	Les Matron to Beaford
If more blanks are needed, address State R	egistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH to report ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed etc., applies to each and every person, irrespective of Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day specifically the occupations of persons en-(3) Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis".; Diphtheria favoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia.")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Curcinomu, Surcomu, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemis," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomunqualified, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonelis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Chronic interstition nephritis, Whooping can be ascertained as the cause. Always qualify all telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underaccident; Revolver wound of head-hamicide; Poisoned by approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., separa, curbolic acid-probably suncide. The nature of the injury, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma, death), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY cough; is indefinite); Tuberculosis of lungs, men-Chronic etc. waterdar. The contributory "Convulsions, heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

WRITE

m

X	2	r, PHYSI- ed. Exact
	LORD	EXACTL' y classifi
<u>5</u>	S A PERI NENT H	ACE should be stated EXACTLY, PHYSI- that it may be properly classified. Exact
OR BINDING	PER	should t it may
OR	SA	ACE tha

1PLACE OF DEATH	09642 STATE OF MARYLAND
County Willowillo	CERTIFICATE OF DEATH
	Registration Dist. No. 33
Village or City Zulipauin (No	St.: Ward) (If daath occurred in a hospital or institution, giva its NAME in-
2FULL NAME Mary Which	Furbush stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
pot 16. 1856	June 2 1920, 6 ang 50, 1920.
(Month) (Day) (Year)	that I last saw h aliva on 22, 392,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
74 yrs. // mos. 44 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Corlina & Somal
(b) General nature of industry	- 3
business, or establishment in which employed or (employer)	(Durstion) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)
10 NAME OF Thomas Hambury	(Signed) Salla Salla M. D.
OF FATHER  Z (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER LAND BYANS	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Garrie Watson	Former or usual residence
(Address) Witippuin Mel	welipquin Ma supply, 19 20
Filed Lept / 192300 Worlford Walter Registrar	Mrs as Missiet & Sons Biralne Mol
If more branks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of to report specifically the occupations of persons enlaborer, For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. not gainfully em-The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, Chronic etc. valvular heart Always qualify all The contributory Poisoned by

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

,	PLACE OF DEATH County Williams	12784 STATE C
Vill	age or City Manticake (No.	St.:
	2FULL NAME Janisan Jal	·
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
3 5	A COLOR OR RACE SINGLE, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 0	(Month) (Day) (Year)	I HEREBY CERTIFY, That
7 A	GE If LESS than I day hrs. or min.?	and that death occurred on the date The CAUSE OF DEATH * was as folio
(a	CCUPATION  A) Trade, profession or articular kind of work  B) General nature of industry	Pulmonary
bi	usiness, or establishment in hich employed or (employer)	(Duretion
R.	IRTHPLACE (State or country)	Contributory Secondary
R.	RTHPLACE	Contributory Secondary  (Signed) Classian de
STS 8	11 BIRTHPLACE OF FATHER OF FATHER (State or country)  12 SIRTHPLACE OF FATHER (State or country)	Contributory Secondary  (Duretio (Signed). Global As (Oct 4 1930 (Address)
TS	11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	Contributory Secondary  (Signed)  (Signed)  *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
ARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Contributory Secondary  (Signed). Color 1980 (Address)  *State the Disease Causing Vlolent Causes, state (1) Means Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death yrs mos disease contracted.
PARENTS	IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Contributory Secondary  (Signed)

STATE OF MARYLAND TE OF DEATH

(If death occurred In a hospital or institu-tion, give its NAME in-stead of street and number.)

ADDRESS

MEDICAL CERTI	FICATE OF	DEATH	
DATE OF DEATH	out 4	/	1980
	fonth)	(Day)	(Year)
1 HEREBY CERTIFY,	to Od	ded the	coased from
at I last saw h topposalive on.	Sape	28	193 (
d that death occurred on the	date stated al		
Pulmonas	بر آس	تعديها	elsi
(Du	retion)	B	10 d
Contributory Secondary	PM	h.	
igned) Glodon (Address)	Print	John C	Dung r
*State the Disease Caus Violent Causes, state (1) M Accidental, Suicidal or Homicids	sing Death, e eans of fnjur l.	or, in deary and (2)	ths from Whether
LENGTH OF RESIDENCE (ients or Recent Residents)	(For Hospital	s, Institut	ions, Tran
place	In the	Service	mos c

V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on 07 especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many 6 Automobile factory. The material Architect, Locomotive engineer, not gainfully emduties of the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. inges, perilonaeum, etc., American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Exhaustion," "Heart failure," "Haemorrhage, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease "Senile," etc.), "Dropsy, etc. affection need not be valvular heart disease; Nomenclature The contributory " "Convulsions, Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SCEIVER

	CERTIFICATE OF DEATH
0	Registration Dist. No. 33/
Village or City Augustule (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 - / 1923 C
6 DATE OF BIRTH  African 1928	17 2 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE	The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration)
(Informant) Francis Gale (Address) Quantito MA	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  ALLA DATE OF BURIAL  20 ON DERTAKER  ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salcsman, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective cf business, that faet may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "IIaemorrhage," "Shock," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condiby Committee on Nomenclature of the 'Congenital," "Senile," etc.), "Dropsy,
," "Heart failure," "Haemorrhage, and eonsequences (e. g., sepsis, Measles ;

1PLACE OF DEATH	02046 STATE OF MARYLAND
County Miconius	CERTIFICATE OF DEATH
ALL MATERIAL CONTROLLAR AND	Registration Dist. No. 333
Village or City Salishing (No. P.S. 18	St.: 13 Ward)  (If deeth occurred in a hospital or institution, give its NAME in stead of street end end of street end
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SANGLE, WIDOWED.	16 DATE OF DEATH Feb. 4, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  Ageil 7, 1866  Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1920 to Fally 1930 that I lest saw har alive on Fally 1920 the 1920 that I lest saw har alive on Fally 1920 that I
7 AGE  63 yrs. 9 mos. 26 ds. or min.	and that death occurred on the date stated above, at 5.35.P. m.
a OCCUPATION  (a) Trade, profession or Sheet Metal  (b) General nature of industry  (b) Usiness, or establishment in	Spend love accelertal)
which employed or (employer)  9 BIRTHPLACE (State or country)  Muy	Contributory Secondary Position Vis. Mos de
10 NAME OF FATHER Shu. Bannon	(Signed) M. D. M. D. F. S. & (Address) Fallsky Med
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of death yrs ds. ds.
(Informant Allian S. Sannon	Where was disease/contrected, if not at place of dee.h?  Former or usual residence
General Del. Salisbury Md.	aller Church am. Tet. 8, 1930
Filed Feb. 8 1930. & May Turner Registrar	Holloway + Co Salisbury M.L.
if more bianks are needed, address State Registra	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Transition," "Heart failure, Haemorhage, "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

N. B.y

PLACE OF DEATH	08394 STATE OF MARYLAND
County Musmuce	CERTIFICATE OF DEATH Registration Dist. No. 333
Village or City Salishy (No. R.D.	mour Hill Roagst. 8 Ward) a hospital or institu-
2FULL NAME John San	mon Jr. Vine stated of afreet and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Asex 4 COLOR OR RACE 5 SINGLE, MARRIED. WINDOWS D. WHILLIAM WALLES D.	16 DATE OF DEATH July 19 , 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Mooth) (Day) (Year)	that I last saw halive on, 192,
7 AGE    If LESS than	
26 yrs. // mos. X ds. or min.?	0. = 1. 2 2 0 1. 4
8 OCCUPATION	heavet of miles versely decident
(a) Trade, profession or particular kind of work	Salis hard Samuel Held Many
(b) General nature of industry	at 100 4 day William Country
which employed or (employer)	Cartomobile accident, (Durstion) Terming County de.
9 BIRTHPLACE (State or country) Maryland	Contributory rear Salishing Cust of Condary  (Duration) yrs. mos. ds.
10 NAME OF John Samon	(Signed) S. 74 white, Commer M.D.
OF FATHER (State or country)  OF State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
U (State or country) 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Oclasia Y/lly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Manufand	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Untom Mrs. Pearl Gannon	Former or usual residence
(Address Phont st. Salisbury Mg.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed July 22,19230. G. May Turner	Holloway & Co Saluting Md
If more blanks are needed, andre s State Registral	r, 16 W. Saratoga St Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at heginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housenwid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only 'not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know a the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile foctory. The materia not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcomo, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," "Debility" atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, "Weakness," etc., when a definite disease ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic and consequences (e. g., scpsis, etc. The contributory affection need valvular heart Nomenclature not be

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material to know For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train— (secondary or intercurrent) Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

V. S. No. 1

PLACE OF DEATH	04724 STATE OF MARYLAND
County Meonico	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Salisbury (No.	legellor St.: 13 Ward) a (If death occurred in a hospital or institu-
2FULL NAME Kickard Lewis	favin)  tion, give its NAME Is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Italia Strate Strate OR PRACE STRATE, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  April 79, 1950.  (Month) (Day) (Year)
6 DATE OF BIRTH  O.A. 30, 1973,  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 29 100 to April 29 100 0 that I last saw have alive on April 29 - 19230
7 AGE [If LESS than	and that death occurred on the date stated above, at 138 Am.
6 yrs. 5 mos. 79 ds. or min.?	The CAUSE OF DEATH * was as follows: Fall on parement, intering know, Fred tonsil
B OCCUPATION (a) Trade, profession or Sharf- Ray particular kind of work	Fall on parement, injuring knee. Fad tonsil- Derotion april 26th 1930 Cut R.
(b) General nature of industry business, or establishment in	(Duration) yis, x mos Z ds,
which employed or (employer)	contributory Infection of / home / our
9 BIRTHPLACE (State or country) Maufland	Secondary (Duration) yrs mos ds.
10 NAME OF Hilliam II. Gavin	(Signed) / Man - M. D.
II BIRTHPLACE OF FATHER (State or country)  Mauslas	*State the Disease Causing Death, or, in deaths from
(State or country)    Walden Name   12 Maiden Name   12 Maiden Name   13 Maiden Name   14 Maiden Name   15 M	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mellied Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mauslas	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Dillian Il aging	Former or usual resideace
(Address) Salishury, M.S.	19 glace of Burial or REMOVAL DATE OF BURIAL
15 Filed May / 1930. & May Turner	20 UNDERTAKER  ADDRESS  ADDRESS  Alishung, M.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tircd 6 yrs). er," etc., without more precise specimeanine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enor given up on account of the DISEASE CAUSING DEATH, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation 6 Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, valvular heart disease; etc. The contributory " "Haemorrhage,

CORD

of certificate.

e stated EXACTLY e properly classific MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM

V. S. No. 1

	Ω	Q	7
	D	×	a
	5	n	0
	5	-	0
	60	=	00
	M	a	2
	2	두	¥
		0	2
	Ö	9	=
	<u>=</u>	n	8
	0	F	=
	3	te	6
	00	2	Ø,
	>	a	
	3	0	E ,
	ef	2	ta
	ar	_	0
	O	F	d
	9	<	F
	-	20	>
	7	1.	9
	0	G	>
	35	ш	8
	-	S	Z
	0	2	0
	ati	ò	F
•	2	-	×
	F	ate	2
	3fc	312	Ü
	-	9,	Ö
	1c	D	0
-	-	n	0
T	3	غ	==
8	Ke	00	0
	. B Every item of information should be carefully supplied. ACE should b	S	statement of OCCUPATION is very important. See instructions on back
	35	4	te
	V	5	sta
	1	9	90
	*		
	-		

PLACE	OF	DEATH
County M	lic	amic 0

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 337.

illage or City Nontico Re (No.	St.: Ward) (If death occurred in a hospitel or institution, give its NAME in
2 FULL NAME Alsaie Virgenia	Tayle stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tom 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Od- 22 1980 (Month) (Day) (Year)
Oct 25 , 1915  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Tune 8 1920 to Oct H 1920, that I last saw h 2 alive on Oct 4 1930,
AGE    If LESS than     day hrs.     day hrs.	and thet death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. A) mos 15 ds.
(State or country) anyloused	Contributory Secondary  (Duration)
10 NAME OF FATHER & Telesam H. Faylos  11 BIRTHPLACE OF FATHER (State or country)  Of State or country)	(Signed) Coldon G. M. D.  Oct. 23 130 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Mrs Neceio & Jayle  (Address) Nawterste md.	Former or usual residence
5 Fil 1 (1) of 23 1030 (R. World Walter	20 UNDERTAKEBY ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, laborer, additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know whatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, aharer, Farm laborer, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day Compositor, Stationary fireman, etc. But in For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Architect, Locomotive (6) engineer, Grocery,

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosymul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by American Medical Association.) tetorius) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage " "Marasmus," "Old Age," "Shock," or intercurrent) affection need cough; Committee on Chronic etc. valvular heart Nomenclature The contributory Always qualify all disease; not be of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1939

PLADE OF DEATH	02047 STATE OF MARYLAND
County // Comico	CERTIFICATE OF DEATH
/ and on the	1 + 04 Registration Dist. No. 333
Village or City Salesbury (No. 26 4 / Ma)  2FULL NAME Sona	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOMOR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
Lemale White (Write the motion ale	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw here alive on Feb 13 , 1930
7 AGE    If LESS that   day	Ts. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work when we have	Pul. Vuleneloses
(b) General nature of industry ty school, business, or establishment in ty school, which employed or (employer)	(Duration) Zyrs, mos ds.
9 BIRTHPLACE (State or country) alisbury Md)	Contributory
10 NAME OF GEORGE Helliss	(Signed) Mourage M. D.
II BIRTHPLACE OF FATHER (State or country)	State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Can Moright	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place in the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mrs Tee Filliss	Former or usual residence
(Address) Salesbury Md	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL 3/1/6, 1936
Filed Fel. 15- 1930. J. May Junes. Registras	The Hill & Thurson of alisbury, Me
Registral	rar, 16 W. Saratoga St., Balto., Requesting V. S! No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., William laborer, Laborersary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective c business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The materia For persons who have no occupation -Coal minc, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

(Recommendations on statement of cause of death st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronicetc. The contributory valvular heart Nomenclature disease; not be

V. S. No. 1

N. B.-

PLACE OF DEATH County	© 02049 STATE OF MARYLAND CERTIFICATE OF DEATH
within over a production of 10 Th	Registration Dist. No. 333
Village or City (No. 104)	St.: 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	indiniber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
tel 13 1980	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE    If LESS than   1 day hrs.   or   min.   or   min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	genden per
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsds,
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) was de-
10 NAME OF FATHER WEY TWO	(Signed), M. D. M. D. M. D. (Address)
OF FATHER (State or country)  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marin Payme	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) winy Twons	Former or usual residence
(Address) Schrifty	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Fel. 14 1930. V. May Junes Registrar	20 UNDERTAKER acting ADDRESS Scholy bus
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The materia single word or term or Locomoline engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the pixtease causing death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), is same disease. Examples: \*Cerebros pinal\* fever\* (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved earbolic acid-probably suicide. The n ture of the injury. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL portionitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of as fracture of skull, and consequences e.g., or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) 'ctanus') may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondar, Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; " "Weakness, or intercurrent) Chronic valvular heart disease; "etc., when a definite disease Example: Measles (disease affection etc. The contributory need not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h --- alive on (Day) (Year) (Month) Ilf LESS than 7 AGE and that death occurred on the date stated above, at l day hrs. The CAUSE OF DEATH ds. or min.? RESERV a) Trade, profession or barticular kind of work (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) Occu 13 BIRTHPLACE At place In the OF MOTHER (State or Country) Where was disease contracted, pin of if not at place of death?..... 0 Every item CIANS sho statement usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 ONDERTAKER Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) sary to know fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseluborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the If the occupation has been changed single word or term on

spinal meningitis"); Diphtheria avoid use of "Croup") ed term for the same disease. Examples: Cercbrospina Statement of Cause of Death-Name, first, the DIS fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec pneumonia, Bronchopncumonia fever (never report "Typhoid Pneumonia") ("Pneumonia,

> approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on for malignant neoplasms); Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature disease; Macasles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Womworked on may form part of the second statement Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken nner, (b) Cotton mill; (a) Salesman. (b) Grocery, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Stationary firemon, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.) "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Whooping cough; American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e. g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;



PLAGE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County // Mommy EXAC. Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME II number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH BINDING (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Day) (Year) (Month) 7 AGE IIf LESS than and that death occurred on the date stated above, a I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Durstion) yrs.....mos.....ds, 10 NAME OF OF FATHER (Address) 11 BIRTHPLACA OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state SCUP, ients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHER \_\_\_\_yrs......ds. (State or Country) Where was disease contracted, if not at place of dea.h?... Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIA 20 ON DERTAK If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No./1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

m Z PLACE OF DEATH

PLACE OF DEATH	10793 STATE OF MARYLAND CERTIFICATE OF DEATH
County lle Daniel	Registration Dist. No. 3)
Village or City Delman (No. 2FULL NAME blydle & Gardy	St: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, MARRIED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  MAY  (Month)  (Day)  (Year)	16 DATE OF DEATH  (Month) (Dsy) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 (that I last saw h alive on 192 192 192 192 192 192 192 192 192 192
about 3 mos. 5 ds. or min.?	The CAUSE OF DEATH was as followed by
(a) Trade, profession or particular kind of work factors.  (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)	(Duration) yrs mis de
10 NAME OF FATHER Stealey Gardy  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) Wealey Gardy (Address) Delman	if not at place of death?  Former or usual residence
Registras  If more bianks are needed, address State Registras	16, W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, Locomolive engineer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Spiwner, (b) Cotton mill; (a) Salesman. (b) worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the er," etc., definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Housenuid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on Farm laborer, yrs). At Home, and children, without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: \*Corebrospinal\* ed term for the same disease. Examples: \*Corebrospinal\* error (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria (avoid use of "Croup"); \*Signal meningitis"); \*Diphtheria (avoid use of "Croup"); \*Typhoid fover (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Brouchopneumonia ("'Pneumonia,")

inges, perilonaeum, etc., Carcinonu, Sarcomu, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms; Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, ""Weakness," etc., when a definite disease can be ascertained as the cause. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis approved by Committee on American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, or intercurrent) affection need Chronic Example: Mensles (disease valvular etc. The contributory Nomenclature of the Always qualify all heart

certificate.

important.

CIANS sho statement

12786

#### STATE OF MARYLAND CERTIFICATE OF DEATH

-60	_	100		ъ		
1	4		_	۹	ŀ.	
/	P	Z,	щ	١	В	
	-	_	-		F	

20 UNDERTAKER

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga Sp., Balto., Requesting V. S. No. 1.

Registration Dist. No. 33/

	le 1	(If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
1	MEDICAL CERTIFICATE OF	DEATH
	16 DATE OF DEATH God	25-, 1930
	(Month)	(Day) (Year)
	17 I HEREBY CERTIFY, That I atten	
	that I last saw h Laliva on Oct	
1	and that death occurred on the data stated at	V
	The CAUSE OF DEATH * was as follows:	
	Chomo Poerencluque	al Mehlerils
		1
	(Durstion)	yrsds.
	Contributory	
-	(Duration)	yrsds,
1	(Signed) It le Commana	M. D.
-	(Address)	
_	*State the Disease Causing Death, of Violent Causes, state (1) Means of Injuraction Accidental, Suicidal or Homicidal.	or, in deaths from ry and (2) Whether
4	18 LENGTH OF RESIDENCE (For Hospital	s, Institutions, Trans
	As place In the	yrsmosds
-	Where was disease contracted, if not at place of death?	
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	Helorom Cemetery	Uev. 21, 1930

ADDRESS

<sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH (Month) (Day) (Year) If LESS tha 7 AGE I day hrs (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Y KNOWLEDGE TO THE BEST OF (Address)

PLACE OF DEATH

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed, As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., (a) Foreman, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Form loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvulor heart disease; etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimens. In laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from should be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of whatever, write None. to report worked on may form part of the second statement. Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, (b) Grocery.

man, (b) Automobile factory. The material specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (not paid Housekeepers who receive a As examples: (a)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinalfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy. Cunarse, "Senile," etc.), "Dropsy," "Debility" ("Congenital," "Senile," "Haemorrhage," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Tumor" for malignant neoplasms); Measles; FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection need valvular heart not be disease;

--Every Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PEPMANENT ECORD FOR BINDING MARGIN RESERVED WRITE m 00 ż

PLACE OF DEATH	6837 STATE OF MARYLAND	
County Diconiceo	CERTIFICATE OF DEATH	
	(29) Registration Dist. No. 333	
Village or City Salisbury (No. 416 Caras	tion, give its NAME it -	
FOLL NAME		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Hile Single, Married, Midower OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)	
Sept. 70, 1849.	17 I HEREBY CERTIFY, That I attended the deceased from 1922 to 2 , 103 a that I last saw has alive on 1920	
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at 10.700 m. The CAUSE OF DEATH was as follows:	
B OCCUPATION (a) Trade, profession or particular kind of work	Chemin at Hefterlis	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Valvulau Heart Disease	
9 BIRTHPLACE (State or country) Maryland	Secondary  Deration To mos. ds.	
10 NAME OF Thomas Gasles	(Signed) M. D. M. M. M. D. M. M. M. D. M.	
OF FATHER  (State or country)  Manyland	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of Mother Mary V. Ruark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country)  Maugland	At place of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?	
(Informant) Miss Birdie Galee	Former or usual residence	
(Address) Salisbury, M.S.	allen Ma DATE OF BURIAL 197130, 19	
Filed Jan 2/1930. L. May Survey Registras	The Hell & Haron Co. Salielary M.	
If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St. Balto., Lequesting V. S. No. 1.		

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesnature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,"

4

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Ilaemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." (secondary or intercurrent) Whooping approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death State cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart Always qualify all disease; not be

If more banks are needed, addre.s Ltate Megistrar, 16

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilouseen at home, who are engaged in the duties of the worked on may form part of the second statement Physician, Compositor, Architect, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

"('E.haustion,') "Heart Laure, "Old Age, " "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," causing death), 29 ds.; Bronehopneumonia (secondary), (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid "Congenital," "Senile," etc.), "Drcpsy,"
," "Heart failure," "Haemorrhage," Nomenclature of the

V. S. No. 1

PLACE OF DEATH	02050 STATE OF MARYLAND
County Wie Gruco	CERTIFICATE OF DEATH
HITSIS DOMPORATE LIKITS OF	Registration Dist. No. 333
0.0 1 1110 12	Jail, Horizan Alf death occurred in
Village or City Jaus Pure Marg. 19	walth) a bespital or institu-
Marine Name Next Warred	tuland Bulland Super and
- Suco Total	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH 1 2/8
WIDOWED, OR DIVORCED (Write the word)	1920
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
2-8- 1930	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than	and that death occurred on the date stated above, at
l day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	J. J.
a occupation (a) Trade, profession or	Aug & Jam
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	Durktion from mos de,
FATHER Walson Wilson	(Signed)
of Father	(Address)
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
THE TE MAIDEN NAME OF MOTHER SALES AND SALES	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs mos ds. In the State yrs ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
TA THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Pennsula y Joanstal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sulinhung Ind	1 Da. D salisbury 11. D
	20 UN DERTAKER ADDRESS
Filed Sel. 1/ 19230. & May June	
Registrar	THE MILLIAN Valentin Su
If more blanks are needed, address State Registrat	N. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Fareman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Loborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Doy (b) Automobile factory. The (b) material Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: ('erebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL scpticaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

PLACE OF DEATH County Welcomes	05962 STATE OF MARYLAND CERTIFICATE OF DEATH
ANTHER PROPERTY LIBERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR	Registration Dist. No. 333
Village or City alealung (No. Ilmula:	Thouse St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Youth) 1930  (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1931 to 1931 to 1931 that I last saw hereafter on Many 1935 to 1935
7 AGE    If LESS than   I day hrs. or min.?	
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos ds.
10 NAME OF FATHER STATE OF FAT	(Signed)  *State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) June Gleen	Former or usual residence
15 Filed May 6 1930. V- May June Registrary	Hallawalken, mo May 6. 1972
If more blanks are needed, address State Registres	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material Salesman, (6) Grocery;

Strtement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

RURRAU

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on Nomenclature (Accommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic affection need etc. The contributory valvular Always qualify all heart disease; not be

		1 01	OF DEATH	WASSE WAY	07079	STATE OF N	
	/	County //	lebusto		(188-0)	CERTIFICATE	222
		403.80	The state of the s	e D	Os. 1 1	Registration I	Dist. No.
loan.	Vil	lage or City	LL NAME	y (No. Venerall	2 Thought	Less: Sward)	(If denth occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
=	=				1		
00				CAL PARTICULARS	MEDIC	AL CERTIFICATE C	F DEATH
CK OT	3 5	BEX	4 COLOR OR RACE	MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH	Jame	4 , 1930
pa	1	nale	1 a a .1	(Write the word)			(Day)(Year)
uo	6 [	DATE OF BIF	ATH object		17 HEREB	Y CERTIFY, That I atte	nded the deceased from
00				, 19/0)	Jany 9	1920.46	1927.
0			(Month)	(Day) (Year)	that I last saw h	Malive on franch	( 1927)
C	7 A	GE	chaut	If LESS than		rred on the date stated	abovo, atm.
St			20 vr	nos. ds. or min.	The CAUSE OF DEA	Eti * was as follows:	t-0
2	/D.C	CCUPATION	J * * * * * * * * * * * * * * * * * * *		The state of the s	my / suc	- Mart
200		a) Trade, pr		Part - 1	Span	19 -	
	particular kind of work  (b) General nature of industry  business, or establishment in  which employed or (employer)			/ Not	27 auto/	and in	
Jan					(Duration)	yrsds.	
0	9 BIRTHPLACE (State or country)				Contributory	######################################	
2					Secondary	6	
>	-	10 NAME C	F L			(Duration)	
Ne A		FATHER	(Un kan		(Signed)		M. D.
ග	S	11 BIRTHPL			192	(Address)	Thy My
2	EN-		r country lynk	flug	*State the J Violent Causes, s Accidental, Suicidal	Disease Causing Death, tate (1) Means of Injury Homicidal.	or, in deaths from ury and (2) Whether
A .	PAR	OF MOTI		tha Green		SIDENCE (For Hospit	als, Institutions, Truns-
3		13 BIRTHP		1	At place	/ In the	7
	_ !		Country (	indum	of deathyrs	nosds. State	yrsds.
5	14	THE ABOVE	IS TRUE TO THE BEST	OF MY KNOWLEDGE	if not at place of dea	ing the state of t	may my
i a		(Informant	P. G. Hoak	Ital	Former or usual residence	January J	
			1 d		19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
ומו	(T-total	(Add	ress) (Oaka	cary day	Edenlon /	r.le.	June 10 , 19 30
D	15	Filed Ju	ne 9 19230. &	- May June	20 UNDERTAKER	a	DDRESS
		5.5		Registrai	1 fleword	C.	alinhung mg
			lf more b.anks are	needed, addre.s Ltate Registrar	,/16 Nv. Saratoga St.,	Balto., Requesting V. S	. i.o. 1.



#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative healthtired 6 yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Grocery;

ed term for the same dise.se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Typhoid Yever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect inal meningitis"); Diphtheria (avoid use of "Croup"); Bronchopneumonia ("Pneumonia,

> "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); approved tclanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Example: Measles (disease Nomenclature of the Measles ;

If this certificate is looked and thooughly and all questions answered in detail, it will freezent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Mann

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reto know (a) the kind of work and also (b) the For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," inges, perilonacum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	04725 STATE OF MARYLAND
County Vicomico	CERTIFICATE OF DEATH
p. p.	Q Q/ A Registration Dist. No. 333
Village or City Saketury (No. 1)	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEY A COLOR OF BACE   5 SINGLE,	16 DATE OF DEATH
Male White MARRIED. WIDOWED. OR ON OFFICE OR WORD COME.	Menth) (Day) (Year)
6 DATE OF BIRTH  Aug. 12 1927	17 HEREBY CERTIFY, That I attended the deceased from
(Mynth) (Day) (Year)	that I last saw h Walive on Office 9 , 1923
7 AGE [If LESS than	and that death occurred on the date stated above, at 136 Pm.
9 7 1 day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	SPAN
(a) Trade, profession or particular kind of work	Journal of the second
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Durstion) yrs
1D NAME OF Great Stall	(Signed) The M.D.
OF FATHER  Z (State or country)  Maryland	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME Martha Wharlow	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) New York	At place of death yrs mos de. State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant, Martha McCale	Former or usual residence.
(Addits Mitchelf st. Salishing M	Place of Burial or REMOVAL  Parens Com. Date of Burial  April 11, 1930
Filed agr. 1/ 1930. V. May Thrues	Holloway + Co Salishing Md.
If more bianks are needed, address State Registras	, 16 W. Saratoga St, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	Exact	PLACE OF DEATH County Wiromics	STATE C
1	ed.		(57) Registra
	7 =	Village or City Parsonshing (No. R.D. #)	St. 5
ORI	cate.	2FILL NAME Cora F. Hams	
3	M 20-	2FULL NAME COLO C. /Vams	nona
	stated E) properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
NEN	be so	SEX 4 COLOR OR RACE SSINGLE MARRIED WIDOWEST OR DIVORCED OR DIVORC	716 DATE OF DEATH Dec. 2
PERM	E should at it may ns on bac	8 DATE OF BIRTH 90V- 22 , 877	I HEREBY CERTIFY, That
A	ACE	(Month) (Day) (Year)	that I last saw he alive on
HIS IS	plied. ACE srms so that instructions	7 AGE  16 LESS than I day hrs. or min.?	and that death occurred on the date of the CAUSE OF DEATH * was as follows:
YKT	sup in te	e occupation (a) Trade, profession or Americular kind of work	Markeles Me
NG IN	in pla in pla rtant.	(b) General nature of industry tusiness, or establishment in which employed or (employer)	Contributory Carling
ADI	be caref	9 BIRTHPLACE (State or country) Maryland	Secondary
UNE	ould I	10 NAME OF Junton Hockley.	(Signed) (Signed) (Signed) (Address)
WITH	AUSE ION is	OF FATHER (State or country)  Maryland  12 MAIDEN NAME  Maryland	*State the Disease Causing I Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
	T o d	of MOTHER Sally & Parker	18 LENGTH OF RESIDENCE (For I
Z	f infor	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of death
HE	shoul	(Informant Hor Hummond	if not at place of death?  Former or usual residence
WR	Every it CIANS stateme	(Addre E. William st. Salishing I)	19 PLACE OF BURIAL OR REMOVAL
)		Filed Dec 2319230. G. May have	Holloway & Co.
	Z	If more bianks are needed, address State Registrar.	, 16 W. Saratoga St., Byto., Requesting

OF MARYLAND ATE OF DEATH

tion Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

TE OF DEATH

.(Day)..... (Year).... I attended the deceased from

stated above, at 5.45.

Death, or, in deaths from of Injury and (2) Whether

Hospitals, Institutions, Trans-

In the State yrs mos ds.

DATE OF BURIAL

K V. S. No. 1.

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Furmer Foreman, For many occupations a single word or term on 10 (b) Cotton mill; (a) Salesman. (b) Grocery; eman, (b) Automobile factory. The material yrs). At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

to time and causation), using always the same acceptfever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,") EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-

> inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide: Poisoned by "PUERPERAL septicuemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping earbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as or intercurrent) cough; Chronic affection need etc. ralvulor The contributory Always qualify all heart discose; not be

answered in detail, it will prevent further correspondence. All the permanently filed ou this certificate is looked over thoroughly and all questions

6

BINDING RESERVE MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At sehool, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm tavorer, Lawrence in the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy (a) the kind of work and also (b) the (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tunor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septieoemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenelature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronie valvular heort etc. The Always qualify all contributory discose,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. \ (If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED.
OR DIVORCED
(Write the word) BUDDING I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than and that death occurred on the date stated above, a 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER O (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER (State or Country) Where was disease contracted, T if not at place of death?. shoul Former or usual residence DATE OF BURIAL ACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKE Registras If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemaid, etc. Foreman, For many occupations a single word or term on Or yrs). Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) If the occupation has been changed Automobile factory. The Laborer-Coal mine, etc. Wom-Locomotive engineer, (b) materia. Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), stated unless important. (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., American Medical Association.) (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; 29 ds.; Bronchopneumonia (secondary), Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

tion, give its NAME instead of street and

DATE OF BURIAL

MARGI

ERV

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Ciril engineer. Physician, Compositor, Architect, Locomotive engineer, definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed etc., Forewan, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. (h) Cotton mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material For persons who have no occupation not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corolrospinal fever the only definite synonym is "Epidemic cerebrosimal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lober prenoncia, Bronchopneumonia ("Pneumonia,")

inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, can be ascertained as the cause. Always qualify all Whooping and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underlelanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvulur heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. 8. No. 1

PLACE OF DEATH .	STATE OF MARYLAND
County Miconico	02051 CERTIFICATE OF DEATH
2/. /. /	Registration Dist. No. 3 5
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Walle Estelly	Hatble stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 71.6 17 , 1920 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	July 10 1934. 10 77 eb 17: 1928.
7 AGE (Month) (Day) (Year)	that Mast saw hat alive on 700,
1 dayhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrs. mos. 2 2ds. or min.?	1,
8 OCCUPATION/ (a) Trade, profession or	Chronic There-carolilis
particular kind of work Moulet	
(b) General nature of industry	
which employed or (employer)	(Duration)yrs, mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Durstion)
FATHER Mukewood	(Signed) M, D.
OF FATHER	1980 (Address)
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER //	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Lott Hadring	Former or usual residence
(Address) Hebrou	Date of Burial or REMOVAL DATE OF BURIAL Sel 20 , 1932
Filed Jel /8 1980 Mrs m Wallay Registrar	J. Framplon Son Vederalshy
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Lobar s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease use of "Tumor" for malignant ncoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, (Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; or intercurrent) Chronic and consequences (e. g., sepsis, chopneumonia (secondary), affection need etc. The contributory valvular heart disease; Measles; not be as

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and a'l questions

V. S. No. 1

)	hould be stated EXA	t may be properly of	on back of certifica	
	N B Every item of information should be carefully supplied ACE should be stated EXA	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly of	statement of OCCUPATION is very important. See instructions on back of certifica	

	07081
PLACE OF DEATH	STATE OF MARYLAND
County Wie ruco	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Sales brangyould,	Que a sily Horman end Boursed
Village or City Jales Terryolld,	a hospital or institu
Still form Balow &	tion, give its NAME in stead of street an
FOLL NAME	10 - 816 - 62 mars 3-4
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, SINGLE	16 DATE OF DEATH
The Widowed OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
7 7 7	
(Month) (Day) (Year)	that I last saw h alive on
(Month) (Day) (Year)	
O D D Idayh	att
yrs. mos. ds. or O mir	
B OCCUPATION (a) Trade, profession or	Stall home
particular kind of work	5m afarh
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs d
9 BIRTHPLACE	Contributory
(State or country)	Downton 1 va mos d
ID NAME OF	(Signed)
FATHER Class. S. Harrington	1 6/17100 W. All & Mas
OF FATHER	*State the Discase Causing Death, or, in deaths from
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Dazie and Juan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the of death yismos. ds. State yismos. d
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE A TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) J. Harrington	usual residence
816 Chester 1/2.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	- Parons Cem june 18, 1986
Filed June 28,30. &. May June	29 UNDERTAKER PARESS ON 1
Registra	· Holloway to Salahay the.
If more blanks are needed, address State Registi	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

the same

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e. g.. Fernner or Planter, sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Spinner, (b) Cotton mill; (a) Salesman. er," etc., without more precise specification as Day worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Dealwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Savant, Cook, to report specifically the occupations of persons entired 6 yrs). For persons Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (rewhatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Automobile factory. The material who have no occupation -Coul mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same acceptto time and causation), using always the same acceptdeterm for the same disease. Examples: ("erebros pinal
ed term for the same disease. Examples: ("erebros pinal
ed term for the same disease. Examples: ("crebros pinal
s. inal meningitis"; Diphtheria (avoid use of "("roup"));
s. inal meningitis"; Diphtheria (avoid use of "("roup"));
Typhoid fewer (never report "Typhoid Pneumonia");
Lobur pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarconua, etc., of use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Meanles (disease Whooping cough; Chronic Chronic interstitial nephritis, . . . . . (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) atic), "Atropny. Company, "Senile," etc.), "Dropsy, "Debility" ("Congenital," "Senile," "Haemorrhage, "Exhaustion," "Heart failure," "Shock 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), "Exhaustion," "Heart Failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Puerperal septicaemia," "Puerperal peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underor as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainapproved by Committee on (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, for malignant neoplasms); Meusles; Chronic validar affection need not be etc. The contributory Nomenclature of the heart discuse;

If this certificate is looked over thoroughly and all questions answered in dotall, it will prevent further correspondence. A. Iths data is essential and must be obtained before the certificate is permanently filed.

PLAGE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, & WIDOWED. (Month) CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH that (Day) (Month) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH \* was as follows: I day hrs. B OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) .....yrs...... mos..... in which employed or (employer) Contributory I Secondary 9 BIRTHPLACE (State or country) 4 IO NAME OF 0 T L 0 11 BIRTHPLACE O LL the Disease Causing Death, or, in OF FATHER OZ Violent Causes, state (1) Means of Injury and (2) Whether (State or country 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) state ccup/ CCU 13 BIRTHPLACE In the At place OF MOTHER \_\_\_yrs.....mos... (State or Country) Where was disease contracted, 0 should of if not at place of death?. of Every item CIANS shot statement c Former or usual residence DATE OF BURIAL 19 PLACE OF BURIAL If more branks are needed, address State Registrar, 16 W. Saratoga St., Bato., Requesting V. S. No. 1.

ESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The questired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed ,,, etc., report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the Architect, Locomotive engineer, Salesman. not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the Disbase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "('roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronehopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); tctanus) may be stated under the head of "contributory." corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. valvular heart discose; Nomenclature The contributory Always qualify all Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

N. B.

	PLACE OF DEATH	10796 STATE OF MARYLAND CERTIFICATE OF DEATH		
		Registration Dist. No. 333		
	Village or City Salisting (No. Land	Ward)  St.: /3 Ward)  Abospital or institution, give its NAME instead of number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)		
	Sept. 20 , 1935 (Month) (Day) (Year)	that I last saw h lealive on John 20, 1923,		
aller the street or the street of	7 AGE    If LESS than   I day 6 hrs.   or min.?	and that death occurred on the date stated above, at		
A	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds.		
	9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Duration) yrs, mos. ds.		
	of FATHER alfred E. Chance	(Signed) M. D.  Suff. 2/1982 (Address) Substitution  *State the Disease Causing Death, or, in deaths from		
	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OLIVEY Totaling	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,		
	(Informant) Ouzy Justings	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
44.0	(Address) Selesby hut.	Parsons Cem. Syst 21. 1932		
	Filed Sept 2/19230. D. May Jurner	Hollowy + 6 Solvey no		
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEALTH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a r," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, ctc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the pissase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphalt fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(clanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature Recommendations on statement of cause of as fracture of skull, and consequences (e g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" (secondar; or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory "Haemorrhage, Measles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		PLAGE OF DEATH	15061 STATE OF MARYLAND
	1	County / Morrisco	CERTIFICATE OF DEATH
-	Y		(129)
/		$\mathcal{A}(\cdot, \cdot)$	Registration Dist. No. 5.3 9
6	Vi	illage or City Olfman (No.	St.: Ward) (If death occurred in
ate		91, 1-11	tion, give Its NAME is -
ific		2FULL NAME CLINOW EACH HO	me Hablings stead of street and number.)
ert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF STATE
0	2	SEX 4 COLOR OF RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
0	3	MARRIED, WIDOWED. Widow	16 DATE OF DEATH
30	0	envelo This (Write the word)	, 133
Q	1	DATE OF BIRTH	(Month) (Day) (Year)
6/	10	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
9/		On 0-, 1843	1990. to 200, 1920,
0		(Month) (Day) (Year)	that I last saw have alive on May 2 d , 1920,
lot	7 /	AGE / [If LESS than	and that death occurred on the date stated above, at J-Q-m.
stri		(1) 9 1 day hrs.	The CAUSE OF DEATH * was as follows:
lu l	_	or min.?	Chrone Introthist nephri
0		(a) Trade, profession or	
Š		particular kind of work M Home	
Jt.		b) General nature of induatry	
tai		ousiness, or establishment in which employed or (employer)	(Duration)ds,
0	1	BIRTHPLACE	Contributory Chronic Mysendilis
Ē	9 6	(State or country)	Secondary
_ X	-	10 NAME OF 21	(Durelion) \ mosds.
Je.		FATHER / O	(Signed) M. D.
0		11 BIRTHPLACE	May 15 1970 (Address) & Ochmon Cel
-	TS	OF FATHER	december the Discon Coming Double or in 1 at 1
2	Z	(State or country) Machineland	Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	AR	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
7	0.	- luction	ients or Recent Residents)
3		13 BIRTHPLACE OF MOTHER	At place In the
5		(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
5	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
=		C+1.00111	Former or usual residence
0		(Informant) Chie & Clephant	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
9		(Address) Delmardel & N#3	he no Comments
a la	_	The state of the s	M. J. Condusty Stay 1 1900
	15	Filed M. By 26 19730 21 Thurs	20 UNDERTAKER ADDRESS
		Registrar	Tull & marvel Schnardel
		If more bianks are needed, addre a State Registrar.	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons ener," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealfor many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Preumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E.:haustion," "Heart Ishure, Liaeuvirhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.). (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

PLACE OF DEATH	6838 STATE OF MARYLAND
County Lucomus	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Salisbury (No.	(A) A-# /
Village or City VIII (No.	St: /3 Ward) (If death occurred In a hospital or institu-
2 FULL NAME John C. Hasting	tion, give Its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thite Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH 3/, 1980, (Month) (Day) (Year)
6 OATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 13 1852	1927. to
(Month) (Day) (Year)	that I last saw have alive on Sec. 20 , 1972,
7 AGE     If LESS than	and that death occurred on the date stated above, at
77 yrs. 8 mos. /8 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.?	Of Valorda That Dies & Chrome
(a) Trade, profession or particular kind of work Jamus	Charles of the control of the contro
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrs,niosde,
9 BIRTHPLACE	Contributory
(State or country) Allaevare	Secondary (Duration)ds.
10 NAME OF PATHER P. 1. 1. Y.	(Signed), Think R Mam. M.D.
Samuel Hadergo	3/2 1030 (Address) Saluly mel
U DI BIRTHPLACE OF FATHER	
Z (State or country) Alelaware	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Margaret Harris	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Allaware	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
Med Orland Realings	Former or usual residence
(Informant) / MA. MANO C. HARLINGS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Salislum, M.S. 1500.	Paisons Ceneley, Salishur 7/7/30, 19
Filed Fel. 2 19830. V. May June	20 UNDERTAKER HARSON & Salishungh.
If more b.anks are needed, addre.s 2 tate Kegistrar	, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cl fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, laborer, Farm laborer, Laborer-Coul minc, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, to report household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County/	uconico	STATE OF MARYLAND
		CERTIFICATE OF DEATH  (129)  Registration Dist, No. 356
Village or C	ity Ithnal Days.	St.: Ward) a (If death occurred a hospital or instition, give its NAME
2F	TULL NAME Southurne ()	tastings stead of street anumber.)
PERS	ONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
Jemal	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	yle 16 DATE OF DEATH Sept 19, 1930  (Month) (Day) (Year)
S DATE OF B	mor 19, 1	17 I HEREBY CERTIFY, That I attended the deceased from 1928 . 1929
7 AGE		SS than and that death occurred on the date stated above, at
particular k (b) General business, or	profession or and Home ind of work anature of industry establishment in	(Duration) / yts mos
BIRTHPLAC (State or		Contributory Secondary
10 NAME FATHE	R Thomas Voltres	(Signed) (Signed) (Address Address Add
Z (State	or country) Allaware	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MO	THER Nice adam	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents)
13 BIRTH OF MO		At place of death yrsmos. ds. In the State yrsmos
(Information	The Is True to the Best of My knowledge	Where was disease contracted, if not at place of death?  Former or usual residence.
(Ad	dress) DElmon DIA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Charing Con Micanica Select 2 2, 196
15 Filed Le	119 1986 WSTE bal	26 UN DERTAKER ANDRESS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the 3. Spinner, (b) Cotton mill; (a) Salesman. (b) Groceny; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But iu many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus,"—"Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJU., Y can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD	ated EXACTLY, PHYSI- openy classified. Exact certificate	Village or City Salls Grand Spino.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333  St.: Ward)  St.: Ward)  Austing  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
<u></u>		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NEN	ay be et back of	Jenule 4 COLOR OR RACE 5 SINGLE, MARRIED, Mariet WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH October /2 , 1130 (Month) (Day) (Year)
R BIND	shou titm son	6 DATE OF BIRTH 15 , 1876 (Month) (Day) (Year)	that I last saw her alive on the last saw he
ED FOF	00	7 AGE  54 yrs. 6 mos. 27 ds. or min.?	and that death occurred on the date stated above, at 11.30 P m The CAUSE OF DEATH * was as follows:
ESERVE INKT	ully s plain nt. S	B OCCUPATION  (a) Trade, profession or farticular kind of work  (b) General nature of industry business, or establishment in	Drowho - freeun
ADING	be caref EATH In Importa	which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  Ouration)  Ouration  Ouration  Ouration  Jys. mos. ds
MARG TH UNE	E CF Dis very	11 BIRTHPLACE OF FATHER OF FATHER	(Signed), He Callar M. D. O. C., 13 1920 (Address) Deliver As
J. WI	CAUS CAUS	(State or country)  12 MAIDEN NAME OF MOTHER Many Donavray	*State the I isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
Air	occue	13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents)  At place In the of death yrs. ds. State yrs. ds.  Where was disease contracted,
WRITE	s shoul	(Informant) James B Hastings	if not at place of dea.h?  Former or usual residence
No. 1	B. Every it CIANS statem	(Address) Salisburg Theresis Filed Oct 14 19330, & May Junes Registras	Charity Om Micomic Oct 14. 130
4.	Z	If more banks are needed, address atate Registrar	, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tired 6 jurs. For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemord, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore ar sary to know cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer Statement of Occupation-Precise statement of oc business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed as At school, or At home. Care should be taken the first line will be sufficient, e.g., Farmer or Planter report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the Laborer--Coal mine, etc. Womperson, irrespective of (b) Grocery,

Statement of Cause of Death—Name, first, the DISEA. AUSTRIC DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need intercurrent, Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial mephritis, use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

	PLACE OF DEATH	
	County //www.co	
kran	age or City Salichy (No Le 01	Mel
V 111	age or City	01
	2FULL NAME Richard	Has
	PERSONAL AND STATISTICAL PARTICULARS	
38	ALL WILD WIDOWED, OR DIVORCED (Write the word)	2 16
6 D	ATE OF BIRTH	17
	## 27 , 19 (Month) (Day)	30 th
7 A	GE   If LES	S than an
	Q yrs. 6 mos. 24ds. or.	min.?
pi (b	CCUPATION ) Trade, profession or inticular kind of work ) General nature of industry isiness, or establishment in hich employed or (employer)	
7	(State or country) Maryland	
	10 NAME OF Richard H. Hactin	(Si
RENTS	OF FATHER (State or country)  Manyland	4
PARE	of MOTHER Clind Hest.	18
	13 BIRTHPLACE OF MOTHER (State or Country)  Manyland	At of W
14 7	(Informatific Blanche Hesting	if Fo
	(Address Willow st. Salistony 9	nd. 19
15	Filed Sept 13 19230. G. May Tus	ner

10795 STATE OF MARYLAND

ER	TIFIC	CATE	OF	DEAT	ГН
	Regist	ration I	Dist. N	0. 36	33

(If death occurred in a hospital or institu-tion, give its NAME in-stead of etreet and number.)

MÉDICA	AL CERTIFIC	CATE OF	DEATH	
16 DATE OF DEATH	Sex	7.	15	1930
***************************************		h)(1		
17 I HEREBY	CERTIFY, Th	at I attende	d the de	ceased fron
***************************************	192 to.	***************************************		, 192
that I last saw h				
and that death occur	red on the date	e stated abo	vo, at	m. M.
The CAUSE OF DEAT	H * was as fol	Pose		
/	-11-			•
(Deed by			ypear	*
bury in b	ettindan (Duratio	n)yn	0 - ,	15 de
Contributory Secondary				•••••••••••••••••••••••••••••••••••••••
(Signed) \$10 \$45   15 198	Address Address	Rysta	180 0m, 400 <del>000</del> 000	os,ds
*State the Di Violent Causes, st Accidental, Suicidal	lsease Causing ate (1) Means or Homlcidal.	Death, or, of Injury	ln dea and (2)	ths from Whether
18 LENGTH OF RE		Hospitais,	Instituti	ons, Trans
At place of deathyrs	10sds.	In the State	yrs	.mosdı
Where was disease contribution if not at place of dear			000000000000000000000000000000000000000	
Former or usual residence	0 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·		**********
19 BLACE OF BURIA	L OR REMOVA	De	et.	BURIAL 193

UNDERTAK

If more branks are needed, address State Registrar, 16 W. Saratoga St Baito., Requesting V. S. No. 1.

8. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coat mine, eve. wounworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know whatever, write None. to report specifically the occupations of persons enr." etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, "Debility" causing American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), ("Congenital," "Senile," etc.), "Dropey, on," "Heart failure," "Haemorrhage, cough; Committee on Nomenclature Chronic valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

CT 6

CORD

N. B. Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NENT MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PER WRITE H

V. S. No. 1

	14100
PLACE OF DEATH	STATE OF MARYLAND
County (1000000)	CERTIFICATE OF DEATH
	Registration Dist. No. 329
Village or City Dalishan	St.: 5 Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
2FULL NAME / / WW N STOWS	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH  Oct 5, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  Abril 11th 1868	I HEREBY CERTIFY, That I attended the deceased from
(Moath) (Day) (Year)  7 AGE   If LESS than	and that death occurred on the date stated above, at 3 0 m.
65 yrs. 5 mos. 24 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Central Embolism
(b) General nature of industry business, or establishment in thich employed or (employer)	(Duration) Successor mos do.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yss. mos. ds.
10 NAME OF STATHER Alfred Phillips	(Signed) / Lines P Mann M. D.
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sabelle Gradley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) bula M. Clark	Former or usual residence
(Address) Balisbury, Mil.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLT 7, 1934
Filed Oct 3 19230. V. May June Registrar	20 UN DERTARER ADDRESS Sharblown.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many Architect, Locomotive engineer, 6 materia Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis'); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia!" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Uraemia, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as "Weakness," etc., when a definite disease and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

WRITE

V. S. No. 1

9	7	PHYSI-	Exact
	CORD	_	at it may be properly classified.
Ű Z	NENT	E should be stated EXACTLY,	be proper!
BINDING	PE	Binons E	at it may
0.4		10-3	10

PLACE OF DEATH	STATE OF MARYLAND
County //www	CERTIFICATE OF DEATH
ATTENDED OF PROPERTY OF THE PR	Registration Dist. No.
Village or City Sahrhy (No	St.: 13 Ward) (If death occurred in a hospital or institution, give Its NAME in stend of street an
2FULL NAME Stanche	/Ham numbar.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWER OR DIVORCED (Write the word)	16 DATE OF DEATH OUT. 4, 1950
6 DATE OF BIRTH 1	(Month) (Day) (Year)   17   I HEREBY CERTIFY, That I attended the deceased from
No Record , 190	4, 192, 192
(Month) (Day) (Year	that I last saw halive on, 192
7 AGE [If LESS th	
26 I dayh	
yrs. mos. ds. or min	" Arrult of automobile accident
(a) Trade, profession or	S. Aleman St. Suluting many la
Carticular kind of work	- death moderationery - mi ay
(b) General nature of industry business, or establishment in	Wash (Dunies)
which employed or (employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  (Duration) yrs mes ds
10 NAME OF	0 7/ 1 1 - 1 0.
FATHER 12 Ellingsworth	(Signed) M.D
of father	*State the Disease Causing Death, or, in deaths from
W A	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jane Metchell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
m le 1 26.	Former or usual residence
(Addition Salishy Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Oct. 7, 1931
15 Filed Oct 7 1930. V. May June	20 UNDERTAKER + Co John Md
We made has been as a solution of the Design	Tag 16 W Sevences St. Relto. Requesting V. S. No. 1

2077C11

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Form loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or Chronic interstitial nephritis, Whooping ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," intercurrent) affection need not be Chronic Carcinoma, Sorcoma, etc. The contributory valvular heart Nomenclature Measles; diseose;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

9123

09645

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

St.:	Ward)

(If death occurred In a hospital or institu-tion, give its NAME is

2FULL NAME OLGANIER IT, 1890	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH Quy 2/ , 193 (J. Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That a tended the deceased from 1984 to 2 , 1986 that I last sav h alive on Aug 2 , 1926
7 AGE  84 yrs. 9 mos. 26 ds. or min.	The CAUSE OF DEATH * mas as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. I mos. I. 4. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)  14 MOTHER (State or Country)  15 MOTHER (State or Country)  16 MOTHER (State or Country)	Contributory Secondary  Durstion)  MD.  Signed)  State the Disease Causing Death, or, in deaths from Violent Causès, state (1) Means of Injury and (2) Whether Accidental, Suicidsl or Homicidal.  BLENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(Informant) O. A. Holarn (Address) Salisbury Ma	Where was disesse contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Aug 23 1930.
15 Filedang 23 1935 feland I Smith	To property and and All Attains

If more banks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. σå WRITE

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-." etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Strrement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart affection need Always qualify all not be

Every item of

ż

V. S. No.

6	A	FXac Exac
	CORD	erly classified
BINDING	-THIS IS A PERITNENT I CORD	upplied. ACE should be stated EXACTLY, PHYSI terms so that it may be properly classified. Exacte instructions on back of certificate.
EVED FOR BINDING	THIS IS A	upplied. ACE terms so that

PLACE	OF	DEATH
PLACE	OF	DEATH

Wicombco



#### STATE OF MARYLAND

County	000000000000000000000000000000000000000		90	Registration I	Dist. No. 335
	ull name Fran			St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICA	L CERTIFICATE C	F DEATH
3 sex Male	4 COLOR OR RACE White	SSINGLE, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	***************************************	30:1939 <sub>92</sub>
6 DATE OF B		c 30 , 1852	17 LHEREBY	CERTIFY, That I atte	(Day) (Year) (Ye
(b) General business, or	DN .	lf LESS than l day hrs. mos. IO ds. or min.?	The CAUSE OF BEAT		above, at Filmm,  MALL  Is mos de.
ы —	of R John H. He PLACE HER or country) Md.	arn	Secondary  (Signed) 1920  *State the Dis	(Address) Death, to (1) Means of Injr Homicidal.	yrs mos ds.  M. D.  Column test  br. in deaths from
12 MAIDE OF MO 13 BIRTH OF MO (State	THER Hester	Graham		IDENCE (For Hospit idents) In the State	als, Institutions, Trans-
(Informati	e is true to the Best ont) George J.H dress) Rivert	earn	if not at place of death Former or usual residence	OR REMOVAL	DATE OF BURIAL
15 Filed no	V. 1 1980	Mary E. Man	20 UNDERTAKER W.D.Gravene		Address

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on stated unless important. Example: Measles (disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

RESERVED MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of laborer, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy Stationary fireman, etc. But in many Architect, Locomotive engineer

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrophial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Crqup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus, " "Old Age, " "Shock," Committee on Chronic etc. valvular heart Nomenclature The contributory disease; as

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. ORD BINDING PER FOR WITH UNFADING INK--THIS IS MARGIN RESERVED WRITE P

m II	
Xst-	PLACE OF
Y'Y XX	71

DEATH County Vicomics

Filed aug 29 1930 Mrs

09646

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Wellow (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME HOLYEN W. 70 &	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mate Single, Married Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH (MG 27, 1930 (Year)
Seft. 9, 1870 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 27 1930 to 27 1920, that I last skw h alive on 27 1920,
7 AGE   If LESS than   1 day hrs.     day hrs.   or min.?	and that death occurred on the date stated above, at 4m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	chronic Parendymators replisates
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country) Wicomiel Co.	Secondary  (Duration)
10 NAME OF William Hlarn.	(Signed) At Gomaway M. D.  Ory 29 1930 (Address) July
OF FATHER (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Laving Hearn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Muryland.	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) Mrs. Luly M. Wolarm	if not at place of death?  Former or usual residence
(Address) Welmon, Mid.	Pars ons Com. Salistur Jug 29, 19 32.

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Palto., Requesting

V. S. No. 1

20

ż

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative healthgaged in domestic service for wages, as Screant, Cook, Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Laconative engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At yrs). Farm laborer, without more precise specification as Day Home, and children, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. ean be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, cough; "Marasmus," "Old Age," "Shock," Committee on Chronic The n ture of the injury, etc. valvular heart disease Nomenclature The contributory

WITH UNFADING INK--THIS 4S A PERMIENT H MARGIN RESERVED FOR BINDING

V. S. No. 1

	7=/
0	ES.
OR	A Clare
Ŏ	N Y
	Peri
	ate op ce
Z	st pr
H	be x
Š	1 d
2	n h
P	SHO
1	in at
03	Ac
Ter	so so
SIE	le ns
T	popular
	sul t
Z	, a .
/ M	ful
Z	re-
ā	Ca TH
X	- A
Z	20 d
	T o
H	E Sh
V	US N
>	tio NATE
	na A
Z	orrante UF
	st
WRITE PLAN, WITH UNFADING INKTHIS 4S A PERMINENT HORD	Every item of information should be carefully supplied. ACE should be stated EXACTL CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classif statement of OCCUPATION is very important. See instructions on back of certificate.
	Ton t
	sh
VR	SE
	A PA
	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classific statement of OCCUPATION is very important. See instructions on back of certificate.
	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classific statement of OCCUPATION is very important. See instructions on back of certificate.
-	944
	-

cate.	Village or City fruitanh (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333  St.: Ward)  (If death occurred is a hospital or institution, give Its NAME Ir stead of street an number.)
ertif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of ce	3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED. WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH (June 1997), 1990
ions on	G DATE OF BIRTH  Open 1842  (Month) (Day) (Year)	that I last saw been alive on 1923.
instruct	7 AGE  8 yrs. 4 ds. lf LESS than I day hrs. or min.?	and that death occurred on the days stated above, at
itement of OCCUPATION is very important. See	(a) Trade, profession or particular kind of work  (b) General nature of induatry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED GE (Informant)  (Address)  (Address)  (Address)	Contributory Secondary  Puration  Pu
s	15 Filed Sept 1 19230. D. May June Registrar Registrar Registrar	The Hill of Formson Co. Halubury M., 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stotionary firemon, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm loborer, Loborer-(b) Cotton mill; (a) Solesmon. without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The -Coal minc, etc. (b) material Grocery, Wom-

Statement of Cause of Death—Name, first, the nix-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on tetanus) may be stated under the head of "contributory." "PUERPERAL septicuennia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); inges, peritonoeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., scpsis, carbolic ocid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic Corcinoma, Sorcoma, Example: Measles (disease etc. volvulor heart disease; Nomenclature Always qualify all The contributory Measles; etc. , 01

PLACE OF DEATH  County A STATE OF THE STATE	CTATE OF MADVIAND
County Mayner	STATE OF MARYLAND
A	CERTIFICATE OF DEATH
000	Registration Dist. No. 336
Village or City Dellucy (No.	St.: Ward) (If death occurred a hospital or instit
	tion, give its NAME i
2FULL NAME AND	R J Ham number.)
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
S SEX A COLOR OR RACE SINGLE,	16 DATE OF DEATH
Midowed.	100 / 19 1981
ternale / Write the word)	(Month)(Day) (Year)
B DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased fro
July 10	1852 1921 to man 9 , 1921
(Month) (Day)	(Year) that I last saw h Malive on Min. 1923.
AGE	ESS than and that death occurred on the date stated above, at
	lay hrs. The CAUSE OF DEATH * was as follows:
yrsds. or	min.?
B OCCUPATION  (a) Trade, profession or	1 Inrementer Front sligna
particular kind of work	1
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. mos
9 BIRTHPLACE	Contributory Course Township cane
(State or country)	Himphlegre (Durstion) 1 vis mos 4
10 NAME OF	ALT ALL
FATHER /d. 1000	(Signed) M.
MANUAL HAND	More 1 1925 / (Address) / Lul Min / On
of 11 BIRTHPLACE	
OF FATHER	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF FATHER (State or country) Planae	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country) Planae  12 MAIDEN NAME OF MOTHER  OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trail
OF FATHER (State or country) Planare  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailients or Recent Residents)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tradicional or Recent Residents)  At place In the
OF FATHER (State or country) Planal  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  APPLACE OF MOTHER (State or country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tradicions or Recent Residents)  At place of death
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
OF FATHER (State or country) Planal  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  APPLACE OF MOTHER (State or country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death wise mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG  (Informant)  A DALLA HAMME	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs described in the State yrs mos.  Where was disease contracted, if not at place of death?  Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death wise mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG  (Informant)  A DALLA HAMME	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs described in the State yrs mos where was disease contracted, if not at place of death?  Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
OF FATHER	*State the lisease Causing Death, or, in deaths

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation laborer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruot, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (6) Grocery;

s; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Ccrebrospina to time and causation), using always the same accept-EAST TURING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> telunus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepwis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. tated EXACTL) roperly classificertificate. (If death occurred in a hospital or institu-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH rite the word (Dav) 6 DATE OF BIRTH CERTIFY, That I attended the decessed 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: & OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 0 (Address) II BIRTHPLACE OF FATHER FNA \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and in deaths from (State or country) (2) Whether Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 state CCUP) ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death. State vrs. mos. (State or country) Where was disease contracted, if not at place of des.h? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL IAN If more blanks are needed, addre s ttate Registrar, 16 W. Saratoga St. Balto., Requesting V. S. Ao. 1.

ESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) tired 6 yrs). laborer, Farm laborer, Laborer—Coal mine, etc. women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever. write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, us At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only 'not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Solesman. (b) without more precise specification as Day For persons who have no occupation Locomotive engineer, not gainfully em-Grocery,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) cough; Chronic valvular heart Nomenclature Always qualify all disease;

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a For many occupations a especially in industrial employments, it is necessingle word or term on

BUREAU

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o: tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. valvular heart disease; The contributory

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe business, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report first line will be sufficient, e. g., Farmer or Plunter, Foreman, For many occupations a single word or term on Or. yrs). Form laborer, Laborer-At Home, and children, without more precise specification as Day specifically the occupations of persons For persons (b) Automobile factory. The who have no occupation -Coul mine, etc. not gainfully em-The quesmaterial cugincer, Grocery;

Statement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Inanition," "Marasmus, VIV. 1850, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL scplicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondary or intercurrent) affection need tdanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Chronic etc. volvular Nomenclature The contributory Always qualify all heort not be disease as

S. No. 1

M ż

PLACE OF DEATH	STATE OF MARYLAND
County Wicomics	(3) CERTIFICATE OF DEATH
	Registration Dist. No. 3.3.3
Village or City M Salisbury No.	DOFA-42 C
Timage of City	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Still borns	tion, give its NAME is stead of street and number.
	January Comments
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Surgle	16 DATE OF DEATH
male White WIDOWED, OR DIVORCED (Write the word)	, 1920
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I,HEREBY CERTIFY, That I attended the deceased from
april 2 19.30	1923 Dto 7/3 1922
(Month) (Day) (Year)	that I jast saw h affive on 192
7 AGE   Ilf LESS than	
I day ,, hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Trustur berte
a OCCUPATION (a) Trade, profession or	(5 months)
particular kind of work	
(b) General nature of industry business, or establishment in	(D.,, d., )
which employed or (employer)	(Duration) yrs. mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF 1 1 10	(Duration)mosds.
FATHER Colors Il Jane	(Signed) Olcary M. D.
of 11 BIRTHPLACE	7/2 1922 (Address) Delishung My
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TIZ MAIDEN NAME / / / / / / / / / / /	Accidental, Suicidal or Homleidal.
of MOTHER Florence Niblet	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dea.h?
(Informant) annie B. Gootee	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 213 June St. Salusbury	Home premises you 3, 1930
Filed apr. 3 130. J. May Turne	20 UNDERTAKER APPRESS
Filed JM. 1920.	John Hodges. Salisbury Oto
If more bianks are needed, address State Registras	A6 W. Saratoga St., Baito. Requesting V. S. No. 1.

011400

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the 6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage "PUERPERAL septicacmia," "PUERPERAL peritonitis," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory not be

1084		PLACE OF DEATH County Miconico	05965 CERTIFICATE OF DEATH
9.0	Vi	Mage or City Salisbury (No. 7)	Registration Dist. No. 33
rtificate	/ =	2FULL NAME Zilliam Koma	tion, give its NAME in- stead of street and number.)
2 0	_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 9	Mule 2 Like Single, Married, Widowed. Mule Or Divorced (Write the word)	16 DATE OF DEATH May 76, 1950.  (Month) (Day) (Year)
no su	6	DATE OF BIRTH  (Month) (Day) (Year)	that I last saw halive on
tio	-	AGE (MADRIE)	The O
nstruc		7 1/yrs. 2 mos. 2 / ds. ormin.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
See	F	occupation (a) Trade, profession or felicial anticular kind of work felicial b) General nature of industry	Valoulan Hant Descare
ortant	h b	by deneral nature of industry our siness, or establishment in which employed or (employer)	(Durstion) 3 yrs. mos ds.
lmp	9 1	(State or country) Maryland	Secondary  Secondary  Journal on Joseph Market Secondary  Journal on Joseph Market Secondary  Journal on Joseph Market Secondary  Journal of Secondary  Jo
s ver		10 NAME OF FATHER HOMAS Holland	(Signed) M. D.
NOI	RENTS	OF FATHER (State or country)  12 MAIDEN NAME  1. MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A	PA	OF MOTHER amaria Bailey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
occo		13 BIRTHPLACE OF MOTHER (State or Country)  Maugland	At place of death
of	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ent		(Informant) Allians! Halland, K.	Former or usual residence
statem		(Address) Salishung Mil.	Turns Ceneral Shirting 31/30, 19
60	15	Filed May 3/19230. V. May June	The Hill & Whater G. Salishury, M.J.
		If more bianks are needed, address State Registrar	, 16 W. Saratoga St, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who rcceive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

Village or City Salishing (No. Jak	St.: 9 Ward) character of the street of the
2FULL NAME Slow J. Holle	a hospitel or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Alale Hold (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)	that I lest saw halive on
7 AGE    If LESS than   1 day hrs.   or min.?	and that death occurred on the data stated above, at 10.30 m.  The CAUSE OF DEATH * was as follows:  According to the common of
OCCUPATION (a) Trade, profession or fallow particular kind of work	he autofry - he magefuit
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yremoede.
S BIRTHPLACE (State or country) Maryland	Contributory Secondery  [Duration]
10 NAME OF Benjamin F. Hollidan	(Signed) 5-77 white, come M.D. Sept 23 1920 (Address) Inlisty manyles
of FATHER (State or country) Haufand	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sugar & Drader	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Marylan &	ients or Recent Residents)  At place of deathyrsmosds.  In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) ame Holliday (Address Take st. Salishing Ag	p place of Burial or REMOVAL DATE OF BURIAL  ALENDA GIM. Supp. 23. 1930
Filed Sept 23 1930, V. May Thruer Registrar	Hollowy & Co. Sality Mg
If more branke are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day loborer, Farm loborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on Stationary firemon, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinate fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need not volvular heart disease;

V. S. No. 1

P	1	Exact
	Q	IE chould be stated EXACTLY, PHYSI-
	ANENT ECORD	d EXAC
(1)	ENT	e state
BINDING	3	ouid b
8 B1	4 PE	E eh

	STATE OF MARYLAND
County W Komics	CERTIFICATE OF DEATH
	Registration Dist, No. 333
0 0 -0 /	
Village or City Salisbury md (No. Per	w. Glw. Hospital St.: 13 Ward) a hospital or institu
0-1	tlon, give its NAME in the street of
2FULL NAME THE Carl	I Holloway I was street of street of
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
male White OR DIVORCED	acd October 8, 1930
(Write the Word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased fro
June 17, 1	900 00 6 1920. to 8- , 1920
(Month) (Day)	(Year) that I last saw has alive on 192
	SS than and that death occurred on the date stated above, at 5.01A.
	hrs. The CAUSE OF DEATH * was as follows:
yrs. mos. 21 ds. or	min.? Okalo Manylis
a) Trade, profession or	
Martinular kind of work	
particular kind of work	
(b) General nature of industry	3
	(Duration) vis. mos 3
(b) General nature of industry business, or establishment in which employed or (employer)	3
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) mos
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary (Duration) yrs mos
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Suensberry 71, Hollo	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (M. M. M
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Address)  (Address)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)  *State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)  *State the Pisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAM	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)  *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	Contributory Secondary  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 BIRTHPLACE OF MOTHER	(Signed).  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Country)  15 MAIDEN NAME OF MOTHER (State or Country)  16 MAIDEN NAME OF MOTHER (State or Country)  17 MAIDEN NAME OF MOTHER (State or Country)	(Signed)  *State the Pissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents)  At place of death yrs mos de. State from State from State of death from the State from S
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  *State the Pissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trarients or Recent Residents)  At place of death yrs mos de. State fill the of death yrs mos de. State fill the State f
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Addreas)  (Addreas)	Contributory Secondary  (Duration)  (Signed)  *State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos de. State from State of death yrs mos de.  Where was disease contracted, processor Co, multiple of the place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL ON THE OF BURIAL OF THE OF THE OF THE OF THE OF B
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  *State the Pissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trarients or Recent Residents)  At place of death yrs mos de. State fill the of death yrs mos de. State fill the State f

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a (b) Cotton mill; (a) Salesman. Compositor, Architect, Locomotive engineer, veer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; approved telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; Chronic Example: Measles (disease valvular heart disease; etc., The contributory

PLACE OF DEATH	08398 STATE OF MARYLAND
County // Nome Co	© CERTIFICATE OF DEATH
50 4/0	Registration Dist. No.
Village or City/ (Ear Hebrano)	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME Comma X, XX	olloway, stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	I HEREBY CERTIFY, That I attended the deceased from 1970, 1920 that last saw her alive on 1970, 1997
7 AGE [If LESS than	and that death occurred on the date stated above, at 6 P m
// I day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?  8 OCCUPATION (a) Trade, profession or particular kind of work	Denlihor nollowed Convulsions
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  yrs
10 NAME OF Oxlar & Holloway	(Signed) Hilbonnaway M. D.
of Father or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Carrie & Asalings	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Oscar Low Holloway	Former or usual residence
(Address) Salisbury. Month	Mardela, sely 22, 1937
15 Filed July 22 1930 mg h wallow Registrar	20 VN DERTAKER AND Sharplown
If more branks are needed, address State Registres	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is loss definite; avoid American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease;

V. S. No. 1

Village or City Salishung (No. 108 Po	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: 3 Ward) (If death occurred in the special or institute of institute
2FULL NAME Robert Lee	Hopekino tion, give its NAME in steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, WILDWIGHT MARRIED, WILDWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Que 25, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  May 5, 1930  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from I 1920. to I 1920 that I last saw h alive on I 1940 that I last saw h alive on I 1940
7 AGE  O yrs. 3 mos. 20 ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duretion) yrs. mos 10 de  Contributory Thhustor  Secondary
10 NAME OF Silbert Cresses  11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14  15  16  17  18  18  18  19  19  19  19  19  19  19	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of deathyrsmosds.  Where was disease contrected,
(Information and a Styling )	if not at place of death?  Former or usuel residence
15 Filed ang 26 19230. V. May June Registrar	20 UNDERTAKER  Holloway & Co Salishy M.
if more blanks are needed, address State Registral	r, 16 W. Seratoga Sy. Beito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the c," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Never report mere symptoms or terminal condicough; Chronicetc. The contributory valvular Nomenclature of the heart disease; not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33 (If death occurred in Village or City St.: Ward) a hospital or institu-tion, give its NAME is stend of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. Z Z 4 COLOR OR RACE 3 SEY 16 DATE OF DEATH MARRIED. une 21 , 1923 0 WIDOWED. NIONIG OR DIVORCED (Write the word) (Month) (Day) (Year) .... I HEREBY CERTIFY, That I attended the deceased from B DATE OF BIRTH Instruction IIILESS than and that death occurred on the date stated above, at 3.12. 7 AGE The CAUSE OF DEATH \* was as follows: I day hrs. de. or min.? B OCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry important. business, or establishment in UNFADING (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DO (Duration 10 NAME OF OB .... M. D. (Signed) FATHER 3 1 ō 11 BIRTHPLACE \*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER ENT (State or country) CAU 12 MAINEN NAME or. IR LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 ients or Recent Residents) . 13 BIRTHPLACE At place of death ......yrs.....mos. ......ds. In the 0000 OF MOTHER (State or Country) Where was disease contracted, if not at place of dee h?.... hould of Former or statement usual residence .... (Informant) PLACE OF BURIAL OR REMOVAL DATE OF BURIAL EVERY une 3 1936 ADDRESS 20 UNDERTAKER 00 If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return". Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, Housemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, without more precise specification as Day Laborer-Coal minc, etc. Wom-(b)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E.haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

~

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of October 19 of Carlot CORD ANENT MARGIN RESERVED FOR BINDING K, WITH UNFADING INK-THIS IS A PET WRITE 8 No. 1

OATO STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 337.
St.: Ward)  St.: Ward)  (If d-ath occurred a hospital or institution, give its PAME stend of street a number.)
MEDICAL CERTIFICATE OF DEATH
6 DATE OF DEATH 4 - 5 , 192 3
that I last saw h alive on 4 5 192.
and that death occurred on the date stated above, at
(Durstion)yrs
Contributory Secondary  (Durstion)  (Durstion)
(Signed) Wells M. H.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Tr.
At place of death
it not at place of dea.h?  Former or usual residence
19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ATE OF BURIAL  19 19 19 19 19 19 19 19 19 19 19 19 19 1

(Approved by U. S. Census and American Fublic Health Association.)

nature of the business or industry, and therefore an er," etc., without more present abover, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Architect, Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebroed term for the same dise.se. Examples: Cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustiön," "Heart failure," "Haemorrhage," "Yhock," "Namition," "Marasmus," "Old Age," "Shock," st\_ted unless important. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJU.Y "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) interstitial resulting from childbirth or miscarriage as cough; Committee on nephritis, Chronic Example: Measles (disease valvular heart disease; etc. Nomenclature of the The contributory Measles;

N. B.--

	PLACE OF DEATH	03401 STATE OF MARYLAND
	County JULIANUS	CERTIFICATE OF DEATH
	Commission of the control of the con	Registration Dist. No. 337.
1	Village or City Jesterville(No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of etreet and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	LE CINCLE	16 DATE OF DEATH
	MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
	B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decoased from
	(Month) (Day) (Year)	that I last saw h 4 alive on 3-LL 1924
	7 AGE If LESS than	and that death occurred on the date stated above, atm.
	6 (yrs. 1 0 mos. 1 ds. or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION	Morley
1	(a) Trade, profession or particular kind of work	
1	(b) General nature of industry	
5	business, or establishment in which employed or (employer)	(Duration)yrsmosds.
2	9 BIRTHPLACE (State or country)	Contributory Secondary
	Md	(Duration) yrsds.
010	10 NAME OF FATHER A L. L. L.	(Signed) M. D.
0	11 BIRTHPLACE	3-LY 1930 Address Markensker
	OF FATHER (State or country)	*State the Issease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
- 0	12 MAIDEN NAME 4. OF MOTHER Margarett Argument	ier LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.
2	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
14	(Informant) Elmer Housman	Former or usual residence
	(Address) Listerville Mol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  9 - Line 1   19 70   19
210	15 Filed Mul 3 49130 OP Noseford Walter	Mra la Messi hot Sons Divale M
	if more banks are needed, addre.s tate Registra	The state of the s

(Approved by U. S. Census and American Fublic Health Association.)

ployed, as At school, or At home. Care should be taken sary to know (a) the kind: of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary firemany etc. But in many the first line will be sufficient, e.g., Farmer of Planter, tion applies to e:ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foremon, (b) especially in industrial employments, it, is neces-For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation Automobile factory. The materia Locomolive (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosainal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

> inges, perilonoeum, etc., Corcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,",
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), st, ted unless important. use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, mentclonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomalic), "Atrophy," "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) (Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic Example: Measles (disease etc. affection need not volvular heart disease Nomenclature of the The contributory

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screaul, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed laborer, Foreman, For many occupations a single word or term on yrs). Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation Laborer—Coal mine, etc. Locomotive engineer, not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discuse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by taken. State cause for which surgical operation was underdiseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," American Mcdical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Nomenclature Chronic etc. valvular heart disease Always qualify all The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1PLACE	OF DEATH			05000	CTATE	OF M	ADVI AND
	Viconia						ARYLAND
County	. is to be a suit a Mark . The standing the secretary	-		(up)			OF DEATI
	H D I			(1/3)	Regis	tration Di	st. No. 1)6
	Delma, I NAME Don	(No.	e Qu	hrsin	St:		(If death occu a hospital or tion, give its NA stead of stre- number.)
PERSON	IAL AND STATISTICAL	PARTICUL	ARS	ME	DICAL CERTIFI	CATE OF	DEATH
3 SEX Female	Colored WIL	GLE, RRIED, DOWED. DIVORCED ite the word)	migle	16 DATE OF DE	ATH		7/27/190
6 DATE OF BIRT		(Day)	, 1925 (Year)	120/ 7	REBY CERTIFY, TI	hat I atten	/ // .
7 AGE		ph.	day hrs.	and that death o	occurred on the da	te stated ak	
••••	yrsmos	7 ds. c	ormin.?		· · · · · · · · · · · · · · · · · · ·		
8 OCCUPATION (a) Trade, pro particular kind (b) General na	fession or of work	ds.	or min.?	Park	mililia		
(a) Trade, pro particular kind (b) General na business, or es	fession or of work ture of industry tablishment in	J. ds.  c	or min.?	Mil	mulsilis Dudi	me d	Fall mos
(a) Trade, pro particular kind (b) General na business, or es	fession or of work ture of industry tablishment in d or (employer)	ds.  c	or min.?	Contributory	Assile g	astre	Fall moe
(a) Trade, proparticular kind (b) General na business, or es which employe  BIRTHPLACE (State or coun	fession or of work ture of industry tablishment in d or (employer)	Pand Hol	Ter	Contributory	Assile gurati	astre	Fallmos
(a) Trade, proparticular kind (b) General nabusiness, or esi which employe  BIRTHPLACE (State or count  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or 12 MAIDEN 11	fession or of work ture of industry tablishment in d or (employer) mary Canady A	Pand Hol	min.?	Contributory Secondary  (Signed) 23  *State the Violent Causes	Assile g	only on a street o	yrs
(a) Trade, proparticular kind (b) General na business, or es which employe  9 BIRTHPLACE (State or count  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or	fession or of work ture of industry tablishment in d or (employer)  Candy  CE R country)  NAME ER Candy	Pand Holy Harri	The state of the s	Contributory Secondary  (Signed)	Disease Causing state (1) Means idal or Homicidal.  RESIDENCE (For	Death, or of Injury	yrs
(a) Trade, proparticular kind (b) General na business, or est which employe 9 BIRTHPLACE (State or count 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or 12 MAIDEN 1 OF MOTHE	fession or of work ture of industry tablishment in d or (employer)  ACE COUNTRY)  NAME ER COUNTRY)  NAME ER CANAGE ER	Plant Sania Dania	The state of the s	Contributory Secondary  (Signed) *State the Violent Causes Accidental, Suic  18 LENGTH OF ients or Recen At place of death yrs	Durati Durati Disease Causing, state (1) Meandidal or Homicidal.  RESIDENCE (For tresidents)  mosds.	Death, of Injury	yrs
(a) Trade, proparticular kind (b) General na business, or est which employe  9 BIRTHPLACE (State or count  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or 12 MAIDEN I OF MOTHE 13 BIRTHPLA (State or C	fession or of work ture of industry tablishment in d or (employer)  ACE COUNTRY)  NAME ER COUNTRY)  NAME ER CANAGE ER	Pant Hot ylans Dani	ter	Contributory Secondary  (Signed)	Durati Durati Disease Causing, state (1) Meandidal or Homicidal.  RESIDENCE (For tresidents)  mosds.	Death, of Injury  Hospitals  In the State	yrs
(a) Trade, proparticular kind (b) General na business, or est which employe  9 BIRTHPLACE (State or count  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or 12 MAIDEN 10 OF MOTHE 13 BIRTHPLA OF MOTHE (State or Count)  14 THE ABOVE IS	fession or of work ture of industry tablishment in d or (employer)  ntry)  Canady for the country)  NAME ER  COUNTRY)  ACE ER  COUNTRY)	Pant Hot ylans Dani	GE COMPANY	Contributory Secondary  (Signed)	Discase Causing state (1) Meanidal or Homicidal.  RESIDENCE (For t Residents)	Death, of Injury  Hospitals  In the State	yrs
(a) Trade, proparticular kind (b) General na business, or est which employe  9 BIRTHPLACE (State or count  10 NAME OF FATHER  11 BIRTHPLA OF FATHE (State or 12 MAIDEN I OF MOTHE 13 BIRTHPLA (State or C	fession or of work ture of industry tablishment in d or (employer)  ACE R COUNTRY)  NAME ER COUNTRY)  TATLE  TO THE BEST OF M  CANAL  CANAL  COUNTRY  TO THE BEST OF M  CANAL  COUNTRY  TO THE BEST OF M  CANAL  COUNTRY  C	Pant Hot ylans Dani	GE	Contributory Secondary  (Signed)	Discase Causing state (1) Meanidal or Homicidal.  RESIDENCE (For t Residents)	Death, o of Injury	yrs

08399

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesrhysicum, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicacmia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; nephrilis, etc. The contributory M casles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

.

V. S. No. 1

PLACE OF DEATH County Mionico	05966	STATE OF N CERTIFICATE Registration D	
Village or City / Hellon (No	ard	St.: 15 Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
Mule This of the word)  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Mulled WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH	May (Mohth)	7/ , 19 <b>50</b>
6 DATE OF BIRTH  Sec. 10 , 1860 (Month) (Day) (Year)	17 I HEREBY	CERTIFY, That I atte	nded the deceased from
7 AGE  1 If LESS than 1 day hrs. 2 or min.? 2 or min.? 3 OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEAT	Fred on the date stated of TH * was as follows:	above, at 7.5072 m.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary	(Durstion)	
10 NAME OF John Howard	(Signed) 7166 Morf 22 195	(Duration)  ONULUE  O(Address)	M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER		isease Causing Death, ate (1) Means of Injury or Homicidal.	or, in deaths from ary and (2) Whether
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Re At place of deathyrsn Where was disease cont if not at place of dea	In the State racted,	
(Informant) Mrs. Ella M. Raward,	Former or usual residence	L OR REMOVAL	DATE OF BURIAL
Filed May 22 1988 mis & M. Wallow Registrar	Stehes N. 20 UNDERTAKER	Wason Co.	ADDRESS Falliely MA
If more bianks are needed, address State Registras	, 16 W. Saratoga St.,	Balto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the r," etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-(secondary or intercurrent) affection need not be danus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," by Committee on Nomenclature of the " "Weakness," etc., when a definite disease Example: Measles (disease ," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NENT MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PER WRITE P

V. S. No. 1

N. B.-

County Wi	comico	14 - 1444 - 1444 - 1444 - 1444		08460	CERTIFICAT	MARYLAND TE OF DEATH
	Hebron,	(No.	ard	(H)	Registratio	rd) (If death occurred I a hospital or institution, give its NAME II stead of street an number.)
PERSO	NAL AND STATIST	ICAL PARTICUL	ARS	MED	ICAL CERTIFICATI	E OF DEATH
3 sex Female	4 COLOR OR RACE White	SINGLE, MARRIED, WIDOWED, SI OR DIVORCED (Write the word)	ingle		July	I6 193 ©92 (Year)
6 DATE OF BI		5 I8(	69	17 I HERE	BY CERTIFY, That I	attended the deceased fro
7 AGE	60 yrs. 9	-	fLESS than I day hrs.	The CAUSE OF DI	curred on the date state ATH * was as follows:	~ 1
(b) General a	nd of work Hou nature of industry establishment in				(Duration)	1 0 1 1 0 0, \$00,000,00 0 0 0 0 0 0 0 0 0 0 0 0
9 BIRTHPLACI	yed or (employer) E ountry) Wic	omico CO.	000000000000000000000000000000000000000	Contributory Secondary	(Duration)	
9 BIRTHPLACI (State or co	Duntry) Wic			Contributory Secondary (Signed)	(Duration) O Duration) O O (Address)	Jis mos
9 BIRTHPLACI (State or constitution of sathers) 11 BIRTHP OF FATI C (State of sathers) 12 MAIDEI OF MOT	Hamilton LACE HER OF COUNTRY) NAME HER MARY H.	H .Howard		(Signed)	Disease Causing Deastate (1) Means of dal or Homicidal.	th, or, in deaths from Injury and (2) Whether
9 BIRTHPLACI (State or constitution of the con	Duntry) Wicof Hamilton LACE HER OF COUNTRY) Md. N NAME HER MARY H.	H .Howard		(Signed)	Disease Causing Des state (1) Means of dal or Homicidal.  RESIDENCE (For Ho Residents)	th, or, in deaths from Injury and (2) Whether repitals, Institutions, Transithe State yrs mos
9 BIRTHPLACI (State or co	Hamilton  LACE HER HER HER MARY H.  PLACE HER T COUNTRY)  IS TRUE TO THE BES	H .Howard Taylor	DGE	(Signed)	Disease Causing Des state (1) Means of dal or Homicidal.  RESIDENCE (For Ho Residents) In	th, or, in deaths from Injury and (2) Whether repitals, Institutions, Transithe State yrs mos
9 BIRTHPLACI (State or co	Hamilton  LACE HER Or country) Md.  NAME HER MARY H.  PLACE HER r Country) Md.	H .Howard  Taylor  T of MY KNOWLED  Howard		(Signed)	Disease Causing Dea state (1) Means of dal or Homicidal.  RESIDENCE (For Ho Residents)  mosds.  contracted, death?	th, or, in deaths from Injury and (2) Whether spitals, Institutions, Transthe State yrs mos
9 BIRTHPLACI (State or co	Hamilton  LACE HER HER HER MARY H.  PLACE HER T COUNTRY)  IS TRUE TO THE BES	H .Howard  Taylor  Tof My Knowler  Howard  Md.		Contributory Secondary  (Signed)	Disease Causing Dea state (1) Means of dal or Homicidal.  RESIDENCE (For Ho Residents)  mosds.  contracted, death?	the State yrs mos DATE OF BURIAL July 18, 19 3

7

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Light laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

20 ż

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County // County	Registration Dist. No. 933
Village or City Salishing (No. P.S.)  2FULL NAME Infant of Rich	St.: 3 Ward)  (If death occurred in a hospital or institution, give its NAME instead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sangle MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OC. 13, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  OCA  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1925) to
7 AGE   If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm.
occupation (a) Trade, profession or particular kind of work	frematine But
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary  (Duration)  yrs
10 NAME OF Richard & Huden	(Signed) M. D.
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, In desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
OF MOTHER Cand adding  13 BIRTHPLACE OF MOTHER (State or Country)  Manyland	ients or Recent Residents)  At place of deathyrsmosds.  In the Stateyrsmosds.
(Informant Richard & Hulson	if not at place of death?
(Address Race St. Salishing Md.	Bethel Church and, Oct, 14, 1530
Filed Oct 14 19230. L. Maly Sum Registrar	20 UN PERTAKER  ADDRESS  ADDRESS  ALISTING MAG

Dr. Potter

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions asserted in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 193

PLACE OF DEATH	08401 STATE OF MARYLAND
County Y/ComeCo	CERTIFICATE OF DEATH
WITHE COMPSETY AND SE	Registration Dist. No. 333
Village or City Saleshury (No. 4/3 B.	arelay St.: 5 Ward) (If death occurred in
1/2/11	tion, give its NAME it -
2FULL NAME Phillips Hus	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SNGLE,	16 DATE OF DEATH
Male White Kertinger	(Mosth) (Day) (Year)
8 DATE OF BIRTH	17 A I HEREBY CERTIFY, That I attended the deceased from
Feet. 24 841	July 22 1972 to July 22, 1923
(Month) (Day) (Year)	that last saw h alive on Que 27 , 1912,
7 AGE [If LESS than	and that death occurred on the date stated above, at
89 yrs. 4 mos. 28 ds. or min.	The CAUSE OF DEATH * was as follows:
BOCCUPATION wrsds. ormin.?	leibal byopleyy
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)ds.
9 BIRTHPLACE	Contributory Senelity. When Schwin
(State or country)	Secondary (Duration)yrsmosds,
10 NAME OF	(Signed) M. D.
FATHER John Hudson	Culy 24 195 (Address) Selesting his
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) Maryland	Violent Causes, state (1) Means of lajury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Heneulta Collins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)  Manuland	At place In the of deathyrsmos,ds. Stateyrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant acot. W. Hudson	Former or usual residence
Reducts + 3 Salisher Mayland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL
Filed July 23 1930. V. May Turner Registrar	20 UNDERTAKER ADDITESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
it more planks are needed, address State Registrar	, to w. Salatoga St., Daito., Requesting v. S. 100 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death "Exhaustion," "Heart ranure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be ses important. Example: Measles (disease for malignant neoplasms); Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Wismies  Village or City Selfebers (No. 44/3 Be	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
Village or City Village (No. 4/3 )	St.: 5 Ward)  (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SMBLE, MARKIED, WITH WEST	16 DATE OF DEATH Max. // 1930  (Month) (Day) (Year)
6 DATE OF BIRTH    15	17 I HEREBY CERTIFY, That I attended the deceased from Man. 10 1985 to Man & 10, 1985 that I last saw h alive on Mod 11, 1930,
7 AGE 66 yrs. 5 mos. 26 ds. lf LESS than l day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	Chronic Interstitist Rephritis
business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Durstion)  yrsmosds.
10 NAME OF FATHER JACKS Lewis	(Signed) 5 0 ville M. D. M. D.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chyffth Pingle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In theyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence.
(Address) Balclay Bt Sality Mg	Parens Cem. Date of Burial Mar. 13, 1930
Filed Inch 13 1930 V- May Justiner.	Holloway & Co Salishery Mrk.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The ques-" etc., without more precise specification as Day Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Salesman, (b) Grocery; Locomotive engineer, not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaenna," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "(Pastion," "(Collapse," "Coma, Courvisions, atic), "Atrophy," "(Collapse," "Coma, Courvisions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Texhaustion," "Heart failure," "Ilaemorrhage," "Shock." tions, such as "Asthenia," "Anaemia" (merely symptom-atic) "Attrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not considered unless important. Example: Measles (disease stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, ..... (name origin; "Cancer" is loss definite; avoid Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular heart etc. The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, laborer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Loborer-(b) Cotton mill; (a) Salcsmon. without more precise specification as Doy Compositor, Architect, Locomotive 6) For persons who have no occupation If the occupation has been changed Automobile factory. The -Coal minc, etc. not gainfully em-(b) Grocery, material cugineer, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is loss definite; avoid tetanus) may be stated under the head of "contributory." corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; "Heart failure," "Haemorrhage, Chronic etc. volvular heart disease; Nomenclature Always qualify all The contributory Sarcoma, etc., of Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH County Cicarria	05967 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 330
Village or City Mardela (No	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME albert Hall	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH // 192
6 DATE OF BIRTH / 176 (Month) (Day) , 1876.	that I last row h/M alive on My 192
7 AGE   If LESS than   1 day hrs.   or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry	Dobar prelumonia
business, or establishment in which employed or (employer)	(Duration)ytsmosds.
9 BIRTHPLACE (State or country) Greauters hed	Contributory Secondary  D D D D VIS. mos. de.
10 NAME OF Albert Hull	May 14 30 (Address) Sales bury Ma
OF FATHER (State or country)    12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Horsey	18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Wanter on d	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant)	Former or usual residence
(Address) Magne Gradult	Wolfpases 5/14, 130
15 File May 14 1933 MA Sortion Registras	20 procest KER Janemort Bro Sharptown
If more hanks are needed, addre s ! tata tiegistrar	16 W. Saratora St., Balto., Coquesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Housewhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), st.ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menlclanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) by Committee on Nomenclature of the cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further company dence. All the data is essential and must be obtained before the certificate is programmently filed.



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 1 (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stend of street and EXA stated roper PERSONAL AND STATISTICAL PARTICULARS SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) hat Vattended the decease 6 DATE OF BIRTH (Month) and that death occured on the date stated above, at . Z If LESS than 7 AGE I day hrs. Ш 8 OCCUPATION RESERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed cr (employer) Contributory MARGIN Secondary 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER 0 11 BIRTHPLACE \*St.te the Discase Causing l'eath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER NO (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans Inform ients or Recent Residents) OCCU In the 13 BIRTHPLACE At place .. yrs ...... mos. .. OF MOTHER (State or country) Where was disease contracted, if not at place of death? THE BEST OF statement usual res.dence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Registra If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cndefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer. Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-As examples : (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia."

> inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; Chronic volvular heart disease; as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state Means of Injury State cause for which surgical operation was undercan be ascertained as the cause. approved by Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Example: Measles (disease affection need not be etc. The Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

HYSI-Exact PLACE OF DEATH 08464 STATE OF MARYLAND County Wicomus CERTIFICATE OF DEATH EXACTLY, ly classified Registration Dist. No. Village or City Day Delman (If death occurred in (If death occurred in a hospital or institu-tion, give its NAME II -stead of street and properly class number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, Marin eq pe back WIDOWED. OR DIVORCED pinous it may (Write the word (Dav) (Year) no 6 DATE OF BIRTH That I astended the deceased from instructions that (Month) (Day) (Year) that I last saw h Malive on 7 AGE 80 IIf LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: terms ds. or min.? & OCCUPATION 99 RESERV (a) Trade, profession or S particular kind of work plai (b) General nature of industry business, or establishment in 므 importa (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) DO 10 NAME OF FATHER (Signed) co 11 BIRTHPLACE V (Address) OF FATHER ENT OZ \*State the Disease Causing Death, or, in CAU (State or country) Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 2 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER In the of death. (State or Country) should Where was disease contracted, of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? statement usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address ADDRESS 20 UNDERTAKE If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er,' etc., William laborer, Laborer-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physicium, Compositor, Architect, whatever, write None. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, without more precise specification as Day For persons who have no occupation -Coal minc, etc. Locomotive engineer, not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DIS-EAST: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E-haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJUNY Never report mere symptoms or terminal condi Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. oi.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a Or. yrs). Farm laborer, Laborer-Coal mine, etc. At Home, and children, without more precise specification as Day For persons (b) Automobile factory. The material who have no occupation single word or term on not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> " "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by as fracture of skull, and eonsequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Whooping cough; Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, Committee on Chronic valvular heart disease etc. The Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	05968 STATE OF MARYLAND
County Willemiel	CERTIFICATE OF DEATH
	Registration Dist. No. 337
Village or City Zu Blipquiatino.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Criana Hur	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 2010000	16 DATE OF DEATH May 1923
Ternale Wfull (Write the word)	(Month) (Day) 19 (Yas)
6 DATE OF BIRTH	Mos ( 1930 to 20 3 , 1923 D
MAngue 1842	2 2
(Month) (Day) (Year)	that I last saw h alive on 1920 7
7 AGE	and that death occurred on the date stated above, atm.
yrs. Whos. ds. or min.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION -	Stuin- Januarod
(a) Trade, profession or particular kind of work	
(b) General nature of industry	Jack Dongoln
business, or establishment in which employed or (employer)	(Duration) yrs. mos 3dsl
9 BIRTHPLACE	Contributory
(State or country)	(Duration)nosds.
TO NAME OF FATHER ALL TENSOR	(Signed) Sulle Sull M. D.
11 BIRTHPLACE	5 - 3 1923 &Address Jesselwho and
OF FATHER Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TO THE MANUEL NAME OF MOTHER MANUEL PRANTING	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disease contracted, if not at place of dea h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) & armest burley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Welistourn)	13 FEACE OF BONNES
	20 UNDERTAKER ADDRESS ADDRESS
15 Filed May 4 1985 OF Worlford Malter	Mrs. &Massico Hons Bushe Md
If more banks are needed, addre. s tate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. I.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to c.ch and every person, irrespective cf Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilouseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Salesman. Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

American Medical Association.) discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., whon a definite disease "(E:haustion," "Heart failure," "Haemorrhage," Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic Example: Measles (disease "Senile," etc.), "Dropsy, etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH .	STATE OF MARYLAND
County Wis Owner	CERTIFICATE OF DEATH
	(35) B
00.0 my	Registration Dist. No.
Village or City Salashur (No. 11)	U- 3 lux- Many ward Wide death occurred in a hospital or institu-
2FULL NAME & SUL W Colo	tion, give its NAME is stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Francied	16 DATE OF DEATH
Wale Whilis OR DIVORCED	1920
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	1) Inches Certiff, that I attended the deceased from
mod 9 1825	2.
(Month) (Day) (Year)	that I last saw h alive on 1922
7 AGE [If LESS than	
yrs. 4 mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	The state of the s
(a) Trade, profession or	
particular kind of work  (b) General nature of industry	
business, or establishment in	(Duration) yrs, mos 21 ds.
hich employed or (employer)	Contributory Secretar Jerronhage
SBIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) ys
FATHER & Sur & Was	(Signed) D.
11 BIRTHPLACE	1980 (Address) Mileshy
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(State or country)	Accidental, Suicidal or Homicidal.
of MOTHER Many IN WEMPIN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, France
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
( ) ( ) 1 1 · · · ·	Former or
(Informant) Ten Yeur Kospulal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Salisbury, Mid.	Corace of Burial or Removal
	20 UNDERTAKER ADDRESS
15 Filed Dec 3/ 19230 G. May June	Lelliston & Bro Onancock Vs
Registra	
If more blanks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimentum as a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as Day or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term en For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," st\_ted unless important. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Whooping (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PHYSI-

PLACE OF DEATH	10799 STATE OF MARYLAND
County Mcconuce	CERTIFICATE OF DEATH
ha tie So	Registration Dist. No. 337.
Village or City / Canal (No	St.: Ward)  a hospital or institu- tion, give its NAME in- stead of street and number.)
2FULL NAME GOLGA DAPTICULARS	MEDICAL CONTINUATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
marali 26 19nd	192 to 2 192 O,
(Month) (Day) (Year)	that I last saw halive on last 192,
7 AGE   If LESS than	and that death occurred on the date stated above, at
26 yrs. 5 mos. 28 ds. or min.?	The CAUSE OF DEATH was as follows:
B OCCUPATION .	
(a) Trade, profession or fourth	Tasberrales
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)de.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos de.
10 NAME OF Hoteler Jones	(Signed) Daller Sields M. p.
II BIRTHPLACE	5 st 25 1923 O(Address) hanliste, no:
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Laisly B. Bridge	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 THE ABOVE IS INCE TO THE BEST OF MIT KNOWLEDGE	Former or usual residence.
(Informant) Nousey Identify	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Janticofe Mil	nautrope Com Sept 26 30
15 Filed Left, 25 1980 PW orlford Waller Registrar	20 UNDERTAKER  PULL CAS TO LAW BURGE
If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Parner (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinul Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL scplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

BUREAU permanently filed. If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

B

V. S. No. 1

	PLACE OF DEATH  County Wie Grants	03403 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
	Village or City Vollashuma. Ud.	dy out ) Rue a control of institu- tion, give its NAME in- tangout) Rue a control of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 - 26 - , 1930  (Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	3-50- 1630	, 192, 192,
	(Month) (Day) (Year)	that I last saw halive on, 192,
	yrsds.   I dayhrs. ormin.?	and that death occurred on the date stated above, atnn, The CAUSE OF DEATH * was as follows:
H	(a) Trade, profession or particular kind of work	
化	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9	BIRTHPLACE (State or country) W.A.	Contributory Secondary  (Durwin) yrs. mosds.
	10 NAME OF HATHER HA Quy P Jeg.	Man 2 6 1980 (Address) Oulslung Mo
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether
	12 MAIDEN NAME OF MOTHER VIOLE HULL.	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Pen. Genf. Hospital	Former or usual residence
	(Address) Salisbury, Ing.	West Post Office nich 26 1930
	Filed Mich 26 19230, & May June	William Hutt & Rebrow My
	If were brown and model address State Decisions	16 W Saratora St Balto Permeeting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more pressure and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day (b) Grocery; material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonacum, etc., Carcinomo, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid unqualified, is indefinite; Tuberculosis of lungs, men-inges, peritonacum, etc., Carcinomo, Sarcoma, etc., of stated unless important. use of "Tumor" for mallgnant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) Chronic interstitial nephritis, Whooping cough; tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY approved by Committee on Nomenclature of the Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Chronic valvular Example: Measles (disease affection need etc. The contributory heart not be disease;

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
/ County W Momies	CERTIFICATE OF DEATH.
	188-5
000 - 21 40	Registration Dist. No. 000
Village or City Salas Land Mo.	J. Ward) (If death occurred In a hospital or institu-
0	tion, give its NAME is stead of street and
2FULL NAME marion In	glish, number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Single	16 DATE OF DEATH
m 0 white WIDOWED. OR DIVORCED	September 17-, 1820.
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
lug 3, 1912	1905.0 to 7, 1980,
(Month) (Day) (Year)	that I last saw handlive on 1920,
7 AGE / If LESS than	and that death occurred on the date stated above, at
18 yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	7-1
(a) Trade, profession or Mchauck	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. dos.
9 BIRTHPLACE	Contributory automobile accident
(State or country)	Secondary
TO NAME OF	(Duration) Tommos ds.
FATHER (INDIAN Durgered	(Signed) M. D.
() 11 BIRTHPLACE	1970 (Address) Sallahury My
Constant Country Country Country	*State the Discase Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether
TI MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER June Smullen.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. / ds. State yrs ds.
(State or Country) Smercel 00	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Clony Lugersol	Former or usual residence
2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Muces Alling 44	1. allen Md, Dept 2/ 1930
15 F. 1 1 1 1 20,0030 (+ May Transon	20 UNDERTAKER ADDRESS
Filed Y July 1920 . T. May Junet	To to Halan G- Clime Mid
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DISC EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid approved tetanus) may be stated under the head of "contributory." 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenclature of the or intercurrent) affection need not be and consequences (e.g., sepsis, Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

914 321

the controller tees 161 1 614 W 7.4 Ex Compare to the control of the con

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). without more precise specification as For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman, As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping approved by Committee on tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Planter, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Physician, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Spiener, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Dealer," etc., em at home, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a gaged in domestic service for wages, as Serunt, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus; Former (re-Horsenuid, etc. If the occupation has been changed whatever, write None. For many occupations a single word or term on Furm lubora, Laborer-Coal mine, etc. Womnome, who are engaged in the duties of the yrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); synonym pneumonia, Bronchopneumonia ("Pneumonia");

> inges, perilonaeum, etc., Corcinonia, Sarconia, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); stated unless important. Example: Measles (disease (secondary or intercurrent) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping can. be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease " [nanition, ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was underand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably sucids. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock, by Committee on Nomenclature Chronic valeular heart etc. The contributory affection need not be Meusles ; disease; of the

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

JUL 7 1930-BUREAU V.E.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County// comics	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City aliches (No R.D. F.	
Vinage of City State (146.	St.: / Ward)  St.: / Ward)  I despital or institution, give its NAME it stead of street and
2FULL NAME Caisy May	Jackson stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEV A COLOR OR PACE 5 SINGLE, LANGE	16 DATE OF DEATH
lemale Colore d MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 16, 1930	6/14 1020 to 5/16 ,1020
(Month) (Day) (Year)	that I last saw het alive on \$/10 , 1970
7 AGE [If LESS than	and that death occurred on the date stated above, at 10 14 m.
1 day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	f. Jahran War Jahran
(a) Trade, profession or particular kind of work	all lastates
(b) General nature of industry	S. M.
business, or establishment in which employed or (employer)	(Durstion) yrs. mos., ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Marland	(Burayon) 199 mgs ds.
10 NAME OF 1.	(Signed) M. D
FATHER Jos Jackson	8/18 1970 (Address) Telestrating
of Sather	
OF FATHER  (State or country)  12 MAIDEN NAME O.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Paisy Man funcing	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place 2 In the 2
OF MOTHER (State or country)  Maryland	of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
Line Jackson	Former or usual residence / Meen lest Just
(Informany) Oly 1 / (Ma)	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
(Add ss). It, Dabity you.	mantino Maryland ling. 18, 1,30
15 00 1 Agen 1810030 V- May June	20 UNDERTAKER DADDRESS ON A
Filed Cotty 10 1980 . G. Segistrat	Holloway + Co Salistuy Hd.
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) additional line is provided for the latter statement; it Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The If the occupation has been changed single word or term on -Coal mine, etc. not gainfully emmaterial Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Traemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart etc. The contributory disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. St: Ward) If death occurred in a hospital or instituion, give its NAME inetend of street and of certific MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE (Month) OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) terms so tee instructi 7 AGE If LESS than I day .... hrs. suppli .....vrs.......mos.......ds. or..... min. lain to (a) Trade, profession or particular kind of work. ..... (b) General nature of industry d importan business, or establishment in \_\_ which employed or (employer)..... Contributory. 9 BIRTHPLACE Secondary (State or country) DA ery (Duration) ... न प्रा 0 10 NAME OF FATHER/ 0 7-11923 O(Address) Manlewoke 11 BIRTHPLACE ENT 500 \*State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury: and (2) whether Aeeidental, Suietdal or Homicidal. (State/or country) A 00 12 MATDEN NAME 4 0 0 state c 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death .... yrs. ... mos. .... da. 0 0 (State or country) Where was disease contracted, of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?... Former or usual residence. DATE OF BURIAL 19 TRACE OF BURIAL OR REMOVAL ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

ESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Coal mine etc. Womtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness If retired from or given up on account of the prince catsing DEATH, ployed, as At school or At home Care should be taken definite salary), may be entered a House wife, Househousehold only (not paid Houseke pers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman" "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wage: as S runt, Cook, to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman. (b) Trocery; should be used only when ueeded. additional line is provided for the latter statement; it uature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremes, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irre-pective of cupation is very important, so that the relative healthfuluess of various pursuits can be known. Statement of Occupation - Precise statement of oc-For many occupations a single word or or At Home, and children, not sainfully emwithout more precise specification as Day A samples: (a) Ti material The ques-

Statement of Cause of Death—Name. first, the pissease causing death (the primary affection with respect to time and causation), using always the same assepted term for the same disease. Examples: Conclusional fever (the only definite synonym is "Epit side and the spinglimeningitis"); Diphtheria-(avoid use of "Group"); Typhoid fever (never report "Typhoid pheumonia,"): Lobar pracumonia, Bronchopneumonia ("Pueumonia,")

Nomenclature of the American Medical Association.) head ment of cause of death approved by Committee on quences (e.g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-weident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childhirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," nges peritonasum, etc., Carcinoma, Sarcoma, etc., or ....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant ueoplasms); Measles; State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weekness," etc., when a definite discase vulcions." ary). 10 ds. Never report mere symptoms or terminal Examples. stated unless important. Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) Whooping cough; of "contributory." (Recommendations on state FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 "Debility" ("Congenital," "Senile," etc.) Accidental drowning; Struck by railway Chronic valvular heart discase; ds.; Bronchopneumonia Example: Mcastes affection need not be "Апаетіа" failure." "Haemor-"Coma," (discase (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classifi St.: Ward) (If death occurred in certificate. a hospital or institution, give its NAME in-stead of street and number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. 0 may be WIDOWED. OR DIVORCED (Month) (Write the word) I HEREBY CE TIFY, That I attended the deceased 6 DATE OF BIRTH 3 (Day) (Year) and that death occured on the date stated above, at 7 AGE IIfLESS than I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? OCCUPATION te (a) Trade, profession or iain it. Se particular kind of work carefully H in piain (b) General nature of industry business, or establishment in .. (Duration) .....yrs.... which employed or (employer) mpor Contributory 9 BIRTHPLACE ARGIN Secondary (State or county EA (Duration) .... 10 NAME OF 0 (Signed) OF 0 11 BIRTHPLACE OF FATHER ENT SZ \*State the Discase Causing Death, or in information state CAUS Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or countr. œ 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE OF MOTHER of death yrs......ds. State.... yis..... mos.... (State or country Where was disease contracted, of houl if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY. KNOWLEDGE usual residence. 9 Every it CIANS stateme 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL If more blanks are needed, address State Registrar; 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

\* 10

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Spinner, (b) Cotton mill; (a) Salesman. (b) Greery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an er," etc., without more precise specification as Fun-luborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the-Never return" Laborer, ""Foreman," "Manager," "Dealworked on may form part of the second statement definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a gyged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

fever the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS s inal meningitis"; Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept-Typhoid ferer (never report "Typhoid Pneumonia"); риситоніа, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) inges, peritonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms;; "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; "PUERPERAL septicacmia," "PUERPERAL perilonitis, as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by ..... (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably suncide. The nature of the injury, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death "Atrophy." "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopmcumonia (secondary) FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic ," "Coma," "Convulsions, valvular heart disease; Nomenclature The contributory Sarcona., etc., of Meusles ;

data is essential and must be obtained before the certificate is . If this certificate is looked over thoroughly and all questions

permanently filed.

ESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al' "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Schishing (No. 7/2 St.: 13 Ward)  2FULL NAME St.: 13 Ward)  PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE SINGLE  WIDOWED OR ENVEROR  OF ENVERORS  (Write the word)  6 DATE OF BIRTH  17 I HEREBY CERTIFY, That I attended the decrease of the color of	occurred list institute NAME instruct and
Village or City Selection (No. 4/2 Selection St.: 13 Ward)  2FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3 SEX	occurred list or institute NAME in street and
Village or City Schistury (No. 7/2 Schistury St.: 13 Ward)  2FULL NAME Souttan Schistury St.: 13 Ward)  PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED (Write the word)  6 DATE OF BIRTH  17 I HEREBY CERTIFY, That Lattended the decomposition of the state	occurred lor institute NAME is street an
PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  WIDOWED OR SUMPLED OR SUMPLE	1930 (Year)
3 SEX   4 COLOR OR RACE   S SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITOWARD (Write the word)  5 DATE OF BIRTH  30 , 1930   1930   1930   1930   1930   100	
MARRIED, WIDOWED (Write the word)  8 DATE OF BIRTH  30 , 1930  (Month) (Day)  7 AGE    If LESS than I day hrs. or min.?   The CAUSE OF DEATH * was as follows:	
TAGE    S DATE OF BIRTH   17   I HEREBY CERTIFY, That I attended the decided with the state of t	
7 AGE    Month   (Day)   (Year)   that I last saw h leading on   July 10   tha	, 19 <b>2</b>
7 AGE    If LESS than   and that death occurred on the date stated above, at	. P.
yrs. X mos. / de. or min.?  B OCCUPATION    day hrs. or min.?	· /- m
B OCCUPATION Or min,?	
8 OCCUPATION Que a company	
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in (Duration)	1/4 d
9 BIRTHPLACE (State or country)  Massel	
1 10 NAME OF O	sd
FATHER Harry M. Jenkins (Sigled). (Address) & Chaffin	M. [
IN BIRTHPLACE	h= l=om
Z (State or country) (Mary and 2) Violent Causes, state (1) Means of Injury and (2)	Whether
OF MOTHER TOLENA WALLAND IS LENGTH OF RESIDENCE (For Hospitals, Institution	
13 BIRTHPLACE At place In the	
(State or country)  (State or country)  (State or country)  Where was disease contracted,	D,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?	
(Informany Harry M. Jenkins 1 Former or usual residence	
412 Wahington st. Schefury Pace of BURIAL OR REMOVAL	BURIAL 2
Address Line 1 2000 DERTAKER LAND LESS	, 19
Filed July 1/ 1030. V. May Jurner 2000 TERTAKER Sabetus	y ma
If more blanks are needed, addre a State Registrar, 16 W. Saratoga St., Boto., Requesting V. S. No. 1.	

Dr. Potter

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enlaborer, Foreman, 20 For many occupations a single word or term on M8). Farm laborer. At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer--Coal mine, etc. not gainfully cmmateria Grocery,

Statement of Cause of Death—Name, first, the DISEA. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

causing diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hemorrhage," stated unless important. Example: Measles (disease approved by Committee on lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, meninterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. The contributory affection need valvular heart Nomenclature Always qualify all disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	02052 STATE OF MARYLAND
County Sucomico	CERTIFICATE OF DEATH
At Selichus Par	Registration Dist. No. 333
Village or City Howald (No.	Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Janny Ilonas	Hanton stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED. Married  Senale This. OR DIVORCED (Write the word)	16 DATE OF DEATH Yell. /7 , 1980.  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Feb. 12 , 193
7 AGE   If LESS than I day hrs. 37 yrs. 4 mos. 10 ds. or min.?	
(a) Trade, profession or A Home	Eclaryses, presperal. Cev 562
(b) General nature of industry business, or establishment in	(Durstion)yrs,mosds,
which employed or (employer)	Contributory Description purposal.
9 BIRTHPLACE (State or country) Maryland	Secondary (Durstion) yrs mos 3 ds.
10 NAME OF John J. Hilson	(Signed) John R Mann M. D. 3/3 123 (Address) Saluly not.
of FATHER (State or country) Maryland	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Land	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mauland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) I. E. Whisow,	Former or usual residence
(Address) Salishuy, M.S.	Haison eneley, Falishay 1/14/30, 19
Filed Fel. 14 100. V. May Jumes Registrar	The Hill & Plason Co. Salisbury, MA
if more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, (b) eman, (b) Automobile factory. The without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Locomotive engineer, The quesmateria l Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart Carcinoma, Sarcoma, etc., of etc. The contributory Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	E OF DEATH	15414 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Maiota de Constante de La Carta de Cart	Registration Dist. No. 333
Village or Cit	ULL NAME John Co John	St: Ward)  (If death occurred in a hospital or Institution, give its NAME is stead of street an number.)
PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Wate the word)	16 DATE OF DEATH    16 DATE OF DEATH   27
6 DATE OF BI	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from And My 192 to aller 1, 192 that I last saw ham alive on Soult Member 192
7 AGE	74 yrs. 2 mos. 2 ds. or min.?	. The CAUSE OF DEATH * was as follows:
business, or	profession or and of work and	Sudden death frabably due to heart disease
9 BIRTHPLAC (State or c	ountry) Theomiso Co.	Contributory Involvement of heart, two years age. Secondary Durffy Turn mos. d
10 NAME FATHER	Purnell Johnson	(Signed) July 1923 (Address) Saluty M. I
OF FAT	HER or country) Mary fond	*State the Disease Cousing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y OF MOT		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHI OF MOT		At place of death
14 THE ABOVE	IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informar	Mr. Eliska W. Johnson	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2
	dress) Andisbury Route & 4	Parsons Con Dec 24, 1930
Filed Filed	ec 29 19230. V. May Junes Registrar	29 UN DERTAKER ADDRESS ADDRESS Salisbury &
	If more bianks are needed, address State Registra	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the Disbase Causing Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospied fever (the only definite synonym is "Epidemic cerebrd-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29'ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular etc. The contributory Nomenclature of the Always qualify all heart disease; not be

III this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion amplies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a Stationary fireman, etc. But in many single word or term on 6 materia Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro" to time and causation), using always the same accept-Str:ement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERFERAL septicaemia," "PUERFERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. valvular heart The contributory not be disease;

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and al qu stions

PLACE OF DEATH CERTIFICATE OF DEATH County Mie WULLED Registration Dist. No. \ Wards We death occurred in a hospital cr institution, give its NAME instend of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX MARRIED, sung WIDOWED. OP DIVORCED HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) and that death occured on the date stated above, at ...... 7 AGE If LESS than I day hrs. The CAUSE OF DEATH \* was as follows: min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in 6 (Duration). which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) .. 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) H 12 MAIDEN NAME AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-· ients or Recent Residents) 13 BIRTHPLACE OF MOTHER y18..... ds. State.... yrs..... mos.... (State or country Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual res.dence. DATE OF BURIAL 19 PLACE DF BURIAL OR REMOVAL 20 UNBERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, luborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, definite salary), may be entered as Housewife, Houseployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Howemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Duy (b) Automobile factory. The material Stationary froman, etc. But in many For persons who have no occupation Locomolive engineer, As examples: (a) (3) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Fneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms; Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicacmia," "PUERPERAL perilonilis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping diseases resulting from childbirth or miscarriage as can be ascertained as the cause. telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercurholic acid--probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic valendar heart disease; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

	County Wicomico	0841 STATE OF CERTIFICAT	MARYLAND E OF DEATH
and a feet	10	Registration	Dist. No. 333
	Village or City Halis bury (No. 122 d	Pelaware St.: 9 Was	d) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and
	2FULL NAME Infant of Ugn	es forres	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	Jemale Colored Single, Married, Single Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH ANUARY (Month)	25, 1930 (Day) (Year)
	S DATE OF BIRTH  January 23, 1930  (Month) (Day) (Year)	January 23 1930 to Je	
	7 AGE    If LESS than     day   hrs.   or   min.	and that death occurred on the date stat The CAUSE OF DEATH * was as follows:	ed above, at
-	B OCCUPATION (a) Trade, profession or particular kind of work	Gremature (7) Monsh	Buth
- tell brown His	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	1 .
	9 BIRTHPLACE (State or country)  Miconico	Contributory No Harrison Secondary  (Duration)	ve me de
	10 NAME OF FATHER FLOTE Johnson	(Signed) Arthur D. Br.	listury. Md.
	OF FATHER  Z (State or country)  Maryland  12 MAIDEN NAME	*State the lisease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in deaths from Injury and (2) Whether
	of MOTHER agnes Jones	18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathmosds. In the State of Market was disease contracted,	he tateyrsmosds.
	(Informant) (I are to the BEST OF MY KNOWLEDGE	if not at place of doa.h?  Former or usual residence	***************************************
	(Address) Balisbury. Md.	Public Cemeley 19	parte of Burial
	15 Filed Jan 28 1930. L. May Turner Registra	Milwant	Salesbury and
	if more blanks are needed, address ttate Kegistrar	16 W. Saratoga St., Balto., Requesting V	. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Wom-(a) Foreman, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). g ged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salcsman. (b) Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The materia single word or term on (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular etc. The Nomenclature of the heart disease; contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	N. B Every item of information should be carefully supplied ACE should be state XACTLY, PHYSI-	xact	
	PH	d. F	
7	TLY,	Sifie	
	XAC	0123	cate.
		beriy	ərtifi
/	Stat	pro	of ce
	a pe	y bo	ack
	hour	t ma	on b
	CE S	hati	ons
	P P	so t	ruct
	eilde	rms	inst
	ins k	in te	See
	linje	pla r	ant.
	car	二 天:	port
	id be	DEA	ry in
	nous	IL O	8 10
	on 8	USE	NO
	mati	CA	PATI
	nfor	state	CCUI
	00	pin	of 0
	tem	sho	statement of OCCUPATION is very important. See instructions on back of certificate.
	ery 1	A.LS	atom
	EV	Ö	st
	2		

PLACE OF DEATH  County (liconies)	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City always (XBId. ferring	la Seneral Morshertal Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Junes	The stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 700 9 , 1925 0 (Menth) (Day) (Year)
6 DATE OF BIRTH  November 7, 1730  (Month) (Day) (Year	that I last saw h salive on 1920.
7 AGE   If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	1 Ozemstens 1 - Str.
Dusiness, or establishment in which employed or (employer)  Description  BIRTHPLACE (State or country)  Maryland	Contributory Secondary  (Duration) yre mos de.
10 NAME OF FATHER Crawford Jones  II BIRTHPLACE OF FATHER	(Signed) M, D.
Z (State or country) Maryland.  12 MAIDEN NAME	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place  In the
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs disease contracted, if not at place of death?
(Informant) Tenusula General Hospital (Address) Daliolus, Md.	To PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DAMES Lucarter Md Nov 10, 1230
15 Filed Nov 9 1930. & May Junes Registras	Luther forcest Rebrow, Md.
If more hanks are meeded, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to oach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of ocer," et ... worked on may form part of the second statement. Never return" Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever. write None. business, that fact or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Househeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Or yrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. (a) the kind of work and also (b) the may be indicated thus; Farmer (re-Laborer-Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Exhaustion, causing (secondary telanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all curbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway truin-American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), cough; " "Marasmus," "Old Age, or intercurrent) affection need not be Chronic etc. valvular heart Nomenclature of the The contributory " Shock," discase;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A Jithe data is essential and must be obtained before the certificate is permanently filed.

RESERVED FOR BINDING

MARGIN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Use Ruco	CERTIFICATE OF DEATH
A THE STATE OF THE	Registration Dist. No. 333
1 011 P	0
Village or City Jales June (Not) of. 19	14. Soul. Mand (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	
Wale Cer. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1920 (Month) 5 (Day) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
19/0	19\$0. to USV. 5 -, 19230
(Month) (Day) (Year)	that I last saw h alive on 19230
7 AGE   If LESS than	and that death occurred on the date stated above, atm,
20 yrs mos de or min 2	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	March force
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer) Tarming	(Durstion) yrs mos de.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durstight) yrs. I mass H. de.
10 NAME OF	11 M. H. i.
FATHER Heran was,	1111 83 11 11 11 11
M 11 BIRTHPLACE	1920 (Address)
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME . C .	
of MOTHER Like This,	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents).
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of dea.h?
(D) P 0 10 VI-0	Former or usual residence.
(Informant) Jew. Yell Hospilal	
(Address) Salisbury, Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) X www.vwsg	Therewood Lineley Not 1, 1930
15 Et 1 Nov. 5 10130. It may burne	20 UNDERTAKER ADDRESS
Registrar	Harris & Dencis Pr ancem
If more branks are needed, addres tate Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, whatever, write None. gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report laborer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day specifically the occupations of persons en-(6) For persons who have no occupation Automobile factory. The material -Coal mine, etc. Wom-Locomotive not gainfully em-The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death approved by Committee on American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The nature of the injury, valvular heart Nomenclature The contributory Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is repermanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business. that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, 2 For many occupations a Wrs . Farm laborer, At Home, and children, without more precise specification as Day For persons (b) Automobile factory. The Laborer-Coal mine, etc. who have no occupation single word or term on not gainfully emmateria Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association. approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature Chronic affection need not be etc. The contributory valvular heart Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

V. S. No. 1

PLACE OF DEATH County Nicomics	STATE OF MARYLAND
County 1/1000000	CERTIFICATE OF DEATH
min. 1 POH	Registration Dist. No. 332
Village or City Williands (No. R.D. #	St.: 6 Ward) (If death occurred in a hospital or institu-
2FULL NAME Blorge J. Jone	tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WISOMED. William Word Write the word	16 DATE OF DEATH JAN. 28. , 19230  (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That Pattended the deceased from
May 25, 1881	192 4. 10 Jan 2 8, 1923 0
(Month) (Day) (Year)	that I last saw hamalive on
7 AGE / If LESS than	
48 yrs. 8 mos. 3 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Vulanamy Vicherculosis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF Hargies Jones	(Signed) Caraco M. D.
OF FATHER (State or country)  Marylanel	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Comma P. adkins	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	ients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) arthur C. Jours	Former or usual residence.
(Roll) #1, Williams Maryland	Mt. Pleasant Church Jan 36, 1930
Filed are 31 1930 Leland I Truitt	Holloway + Co Salistury And.
If more branks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	08410 STATE OF MARYLAND CERTIFICATE OF DEATH
1/ 0	Registration Dist. No. 33/
Village or City VEbrow (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Mite Single, Widowed.  Jenuale Mite (Write the word)	16 DATE OF DEATH July 20, 1950  (Month) (Dsy) (Year)
6 DATE OF BIRTH  LAN 1849  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE    If LESS than   day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work work with the work with	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER UNKNOWN  11 BIRTHPLACE OF FATHER (State or country)	(Signed) Mem M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds
(Informant) Dula, Aprelast, (Address) Hebron Ms.	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLOSE OF BURIAL OR REMOVAL  WESTER 22, 1936
15 Filed July 12 1923 ms & M Walf	1. Dravenor Ho Sharptown
lf more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a to report specifically the occupations of persons enetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tclanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. laborer, Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. not gainfully em-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospind Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular and consequences (e. g., sepsis Always qualify all heart disease; not be

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed If this certificate is looked over thoroughly and all questions

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. tion, give it NAME in-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, SOTTING 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED may n bac 7 (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from ACE sthat that I last saw h. Ry alive on - 14 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: terms or min.? 8 OCCUPATION 90 (a) Trade, profession or  $\subseteq$ (1) particular kind of work pia S (b) General nature of industry business, or establishment in 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country ARGI 10 NAME OF FATHER C (Signed) 0 1 BIRTHPLACE 00 OF-FATHER L \*State the Disease Causing Death, or in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform o n ients or Recent Residents) 13 BIRTHPLACE At place of death. OF MOTHER (State or Country) uid of O Where was disease contracted, if not at place of death? CIANS shoustatement or Former or DATE OF BURIAL OF BURIAL OR REMOVAL ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; i nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, busines, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." can be ascertained as the cause. Whooping cough; approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railwoy troin-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular The contributory Always qualify all heart not be disease;

Of If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
WITHIN COMPONETS LINES AS	Registration Dist. No. 333
Village or City Salashary (No. 204	Third, St.: 9 Ward) (If death occurred in
2FULL NAME Rosales Jone	a hospital or institu- tion, give its NAME li- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
7 17 1930	Nec 9 1950 to 100 (1950)
(Month) (Day) (Year)	that I last saw by alive on Dec 9, 1930,
7 AGE	and that death occurred on the date stated above, at
O yrs. 4 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	13 charles and
(a) Trade, profession or particular kind of work	***************************************
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. 4 da,
9 BIRTHPLACE	Contributory
(State or country)	Secondary (Duration) yrs mos ds,
10 NAME OF	MALL THE PARTY OF
FATHER David Jones	(Signed) M. D.
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) Urginia	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Crace Winder	18 L'.NGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE ()	At place In the
(State or Country) Delegaware	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) David Jones	Former or usual residence
- A ' 1 01 0 1 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 204 Third St., Julisbury	Cedar Hell Cemetery Dec. 11, 1930
15 Filed Dec 1019830. V. May Lynnon	20 UNDERTAKER ADDRESS
Registra	James F. Stewart Salusbury Md
If more b.anks are needed, addre.s tate Negistran	, 15 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeanine, etc. Womlaborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective ci eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ('E:haustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitiol nephrilis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. " Uraemia, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the " "Weakness," etc., when a definite disease Example: Measles (disease Meosles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	15416 STATE OF MARYLAND
County Medicale	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Salishury (No. 703 Har	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, MIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Sev. 77, 1836.  (Month) (Day) (Year)
6 DATE OF BIRTH  July 17, 1857	17 1 HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 10.10 Am.  The CAUSE OF DEATH * was as follows:
## 13 yrs. 5 mos. 10 ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work  Petred Manufix	claro 2 your Dia;
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Maylard	Secondary (Durstion)
11 BIRTHPLAGE	(Signed) M. D.  (Address) Selie
OF FATHER (State or country)  Multipland	*State the Disease Causing Death, or, in deaths (1) m Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME MALLE CONTROLL OF MOTHER MALLE CONTROLL OF MOTHER MALLE CONTROLL OF MOTHER MALLE CONTROLL OF MOTHER CONTROLL OF	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
OF MOTHER (State or Country) Mauffard	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Salishury Md.	Faus Cretery Rhichery 17/79, 20, 19
15 Filed Dec 29,19230, Jr. May Junes	20 UN DERTAKER ADDRESS SALERANY MA

Registrar JAL HULL VILLOW SALL

Harrer

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer--Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizateur (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, American Medical Association.) . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular hearl Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Shi

CIANS statement

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCE (Write the word (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH \* was as follows: ds. or min.? a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) .....yrs..... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF Dec 21 1936 (Address 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in ENT Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether (State or country) 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ......yrs......mos......ds. (State or Country) Where was disease contracted. if not at place of death?. unual residence DATE OF BURIAL If more bianks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, fulness of various pursuits can be known. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Housemaid, etc. Foreman, For many occupations a single word or term on Or Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (o) Solcsman. At Home, and children, without more precise specification as Day (b) For persons who have no occupation If the occupation has been changed Automobile factory. The Locomotive not gainfully em-(b) Grocery, material engineer,

spinal meningitis"); Diphtheria avoid use of "Croup ed term for the same disease. Examples: Cerebras public EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, the pis-

> stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; belanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart rame", "Old Age, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopucumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trointaken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, perilonocum, etc., Carcinoma, Sorcoma, etc., of .. (name origin; "Cancer" is less definite; avoid interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease; " "Shock," " etc.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

V. S. No. 1

Z

	05969
PLACE OF DEATH	STATE OF MARYLAND
County Willowice	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Salishay (No. Peu.	Seul Jospital Bward) (If death occurred in a hospital or institu-
Still four I Spant Kum	a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, single WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH 5 - 76, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 . to
7 AGE [If LESS than	and that death occurred on the date stated above, at 10 th m.
yrs. o mos. ods or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Still Jane
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	mosde.
FATHER Dalmer Kinny	(Signed)
O 11 BIRTHPLACE	State the Disease Causing Death, or, in deaths from
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Lillian Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death vismosds. Stateyismosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
as almer Kenner	Former or usual residence
(Address) White Kavenelly	19 PLACE OF BURAL OR REMOVAL DATE OF BURIAL STATE OF BURIAL
15 Filed May 2/1930. Gr. May June	20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
Registra	Mas list casing four our wall
If more blanks are needed, addross State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health the first line will be sufficient, e.g. Farmer or Planter, Physician. Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesmon. nature of the business or industry, and therefore an Civil engineer, gaged in domestic service for wages, as Semant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Architect, (b) Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The material As examples : (a) duties of the 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and Causation), using always the same accepted term for the same disease. Examples: "crebrospiul (the only definite synonym is "Epidemic cerebros all meningitis"; Dyhtheria (avoid use of "Croup"); phoid fover (never report "Typhoid Pneumonia"); Lubur pucumonia, Bronchopneumonia ("Pneumonia,"

BUREAU

stated unless important. use of "Tumor" for malignant neoplasms;; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-Whooping "Inanition, "Debility" ("Congenital," Chronic interstitial nephritis, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, carbolic acid-probably sucide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely Examples: A ccidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease "Senile," etc.), etc. The contributory raterdar Always qualify all ", "Convulsions," heart disease; Meusles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARY CERTIFICATE OF DEAT County Musmuel Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is-stead of street and 15 Ward) E. Killiam number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED (Write the word) (Month) .....(Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION RESERV (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) .... \_\_\_vrs.\_\_\_\_\_mos\_\_\_\_\_ which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 0 OF FATHER \*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether ENT (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death.... In the OF MOTHER vrs......ds. State vrs.....mos.... (State or Country) 0 Where was disease contracted, if not at place of dea.h?. Former or usual residence Every its CIANS stateme PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Filed If more branks are needed, address state Registrar, 16

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"



diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Exhaustion," "Heart tanute," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) approved as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Recommendations on statement of cause of "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) Chronic and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, valvular heart affection need etc. The contributory Measles; disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH  County Wiconico	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
Incaro	Village or City Salisbury (No. Per X)  2FULL NAME & BOBERT &	Ward)  (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
200	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	Married, Wildowed, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Par)
no suoi	G DATE OF BIRTH  Aug. 10 , 1911  (Month) (Day) (Year)	that I last sawh Malive on 1923
instruct	7 AGE  18 LESS than I day	The CAUSE OF DEATH * was as follows:
11. 566	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	July ferr
Importa	which employed or (employer)	Contributory Secondary
is very	10 NAME OF FATHER FORM TO POLICE OF THE POLI	(Signed) (Duration) yrs mosds. M. D.  1923 (Address) Luling Lucy
2	OF FATHER  Z (State or country)  12 MAIDEN NAME	*State the Discase Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
statement of coors	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs
	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?  Former or usual residence
	(Address) Seuros d Sol,	Seaford, Del. 5-10, 1930
	Registra	10 LO Matron Son Serford
1	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RECEIVED SEP 8 1930 BURRAU WS

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Mulon Pa Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Month)-HEREBY CERTIFY, That I attended the deceased from that (Month) (Day) and that death occured on the date stated above, at 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows al asures from twith, die to foor quality and quantity of Good. no history (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer)... Contributory 9 BIRTHPLACE (State of country 10 NAME OF S the Disease Causing Death, or, in deaths from CAUS Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP, ients or Recent Residents) At place OF MOTHER Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? DATE OF BURIAL Every CIAN: If more blanks are needed, address State Registrar, 15 Saratoga St., Balto., Requesting V. S. No. 1.

.Y. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e.g., Farmer or Planter, eupation is very important, so that the relative health Statement of Occupation Precise statement of oction applies to each and every sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Deal-Spirmer, er," etr... en at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a gaged in domestic service for wages, as Screent, Cook, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed whatever, write None. Foreman, report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) yrs). without more precise specification as Day (b) Automobile factory. For persons who have no occupation person, irrespective of Locomotive engineer, not gainfully em-The material Grocery;

Statement of Cause of Death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted the term for the same disease. Examples: Carebrospinal editor (the only definite synonym is "Epidemic cerebyosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid form (never report "Typhoid Pneumonia"); Lobert preservoira, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin; "Caneer" is less definite : avoid unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" "(Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nophritis, etc. use of "Tumor" for malignant neoplasms); Mersles; Whooping cough; Chronic valrular heart discuss; tions, such as "Asthenia," "Anaemia" (merely symptom-"Puerperal septicaenia," "Puerperal peritonitis, diseases resulting from childlarth or miscarriage as State cause for which surgical operation was underand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY telunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Atcidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature of the affection need not be The contributory

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

S No. 1

0

N. B.-

PLACE OF DEATH	03406 STATE OF MARTLAND
County Color Landers Com	CERTIFICATE OF DEATH
	Registration Dist. No. 337.
Village or City Jackson (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Francisco OR DIVORCED (Write the word)	16 DATE OF DEATH 27, 1998 (Month) (Day) (Year)
6 DATE OF BIRTH  21, 1866  (Month) (Day) (Year)	that I last saw h solive on 192 decreed from 192 decreed
7 AGE	
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration) yrs. mos ds.
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) y16mosds.
10 NAME OF FATHER Samuel Langrall  11 BIRTHPLACE OF FATHER	(Signed)
Z (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  (C. C. C	Accidental, Suicidal or Homician.  13 L.NGTH OF RESIDENCE (For liespitals, Institutions, Translients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds,dsstateyrsds  Where was disease contracted,
(Informant) A Alars Grahm	if not at place of dea h?  Former or usual residence
(Informant) Allans & rading (Address) Lyas Rein alla	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Jyaakin Md 3 70, 1936
15 Filed Mal 30 1930 P. Worlford Walte	Mrs adMessish & Sons Birahnelle
If more banks are needed, addre.s : tate kegistra	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

CTATE OF MARVIAND

(Approved by U. S. Census and American Fublic Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The questired 6 yrs). gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coat mine, etc. woun-en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

> "(E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	04729 STATE OF MARYLAND
County Will misk	CERTIFICATE OF DEATH
	Registration Dist. No. 337.
Village or City Lyaskin (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and
2FULL NAME Mary Jana	atend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While OR DIVORCED (Write the word)	16 DATE OF DEATH  April 8 , 1927 O (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
man 25 182 A	
(Month) (Day) (Year)	that I last saw h, alive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
99 4   8   Iday hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. Ods. or min.	12minas 12minas Valumania
B OCCUPATION  (a) Irade, profession or	
particular kind of work	Fell off ted 5 to floor, fracturing hip Cest &
(b) General nature of industry	(Duration) vie mos 2 ds.
which employed or (employer)	x + felt Kin.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)
10 NAME OF	(Durstion)
FATHER HARMAN	(Signed) M. D.
11 BIRTHPLACE	4-8 1920 (Address) Wanticoke july
OF FATHER Z (State or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER DON'S KNOW	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	As place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
P P	Former or
(Informant) D. a. Langrall	usual residence
(Address) Birable, Mel.	I wasking Md 4-9/, 19
15 Filed Ups 1 1930 P. Woolford Walt	Mrs LeMesset form Brialne
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census end American Fublic Health Association.)

laborer, Farm loborer, Loborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when necded. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationory firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekcepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foremon, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). (b) Automobile factory. The materia For persons who have no occupation single word or term on As examples: (o) The ques-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia")

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia, ""Weakness," etc., when a definite disease st\_ted unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. valvular heort disease; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	6842	STATE OF MARYLAND
	County / Comics		CERTIFICATE OF DEATH
	20 0.0	(29)	Registration Dist. No. 333
	Village or City/llal austured	7	St.: Ward) (If death occurred in a hospital or institu-
	2 FULL NAME John Marmas X	aule,	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Married WIDOWED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
	6 DATE OF BIRTH  Wrest 1	17 Feb /	Y CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw ha	alive on 1980
	7 AGE If LESS than		arred on the date stated above, at 2, 21, m,
	Of the first	The CAUSE OF DEA	TH * was as follows:
	Wrwb // yrs. mos. ds. or min.?		
9	8 OCCUPATION (a) Trade, profession or	June	e Ledeelela Regulation
	particular kind of work		<i>y</i>
H	(b) General nature of industry business, or establishment in		(Duration) 3 yrs, mos ds,
	Which employed or (employer)		Cita - Sala -
	9 BIRTHPLACE (State or country) Wiscomics (	Contributory Secondary	(Duration) 778, mos. ds.
	10 NAME OF	(20)	178-
	FATHER George Lands.	(Signed)	reles la Siorgia M. D.
	0 11 BIRTHPLACE		30(Address) also very luck
-	OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*Štate the Violent Causes, Accidental, Suicida	Disease Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether I or Homicidal.
	of MOTHER Shodal Trutt.	18 LENGTH OF R	ESIDENCE (For Hospitals, Institutions, Trans- Residents)
1	13 BIRTHPLACE OF MOTHER	At place	la the
	(State or Country) Manyland	of deathyrs	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con if not at place of de	ath?
	(Informant) Mrs. Leonia K. Lank	Formst or usual residence	
	(Address) Salistury, Md.	Homas F	arm Dan 6, 19.30.
1	15 - Para 6:20 8- Malaret	20 UNDERTAKER	ADDRESS
	Filed func 0 190 0 0. Vouy January	The Hill of	tohnson co. Salisbury, mo
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St.,	, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation not gainfully em-(6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "erchrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

State (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY can be ascertained as the cause. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-Never report mere symptoms or terminal condi-Chronic and consequences (e. g., sepsis, etc. The contributory valvular Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

/	County Salisbury	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
tificate.	Village or City Hewark (No. Pen. Ger. Ler. 2FULL NAME William ).	Lauk.  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
ceri	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male While OR RACE SINGLE, MARRIED, Manuel Wildowed. OR DIVORCED (Write the word)	J6 DATE OF DEATH  AUGUST  (Month) (Day) (Year)
ions on b	6 DATE OF BIRTH    January 28 , 1892   (Month) (Day) . (Year)	that I last saw, h slive on 1920, to 1920,
e instructi	7 AGE  37 yrs. // mos. // ds. or min.?	and that death occurred on the date stated above, at
mportant. Se	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (Ntate or country)  7 Marshaud	(Duration) yrs. mos ds.  Contributory Secondary
UPATION is very in	10 NAME OF FATHER William M. Lauk  11 BIRTHPLACE OF FATHER  OF FATHER	(Signed). (Signed). M. D. (Signed). (Signed). M. D. (Signed). (Signed). M. D. (Signed). (Signed). (Signed). M. D. (Signed). (S
	(State or country) ( Jaryana 12 MAIDEN NAME OF MOTHER Clyabeth Journes 13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
t of OCC	OF MOTHER (State or Country).  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos das State yrs mos das.  Where was disease contracted, if not at place of death?  Former or
statemen	(Address) Mewark Ond.	19 PLACE OF BURIAL OR REMOVAL  Newark Cerceley Jaw, 10, 1930.  20 UNDERTAKER  DATE OF BURIAL  DATE OF BURIAL  ADDRESS
	Filed fan 1970 Registrar , Registrar ,	, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

WEITE JIME

W. B -- Every item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSI-CLAMS should effect CAUSE OF DEATH in pisin terms so that it may be properly classified. Exact classified of CAUSE of CAUSE of DEATH in pisin terms so that it may be properly classified.

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, whatever, write Nonc. or given up on account of the disease onusing death, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Housemaid, etc." If the occupation has been changed to report specifically the occupations of persons enployed. as Al school, or Al home. Cure should be taken en at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Plationary Arguaga 64. But in many age. For many occupations a single word ofterm on a the first line will be sufficient e.g., Farmer or Planter. Physician, Compositor, Architect Recommittee engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material 6 yrs). or At Home, and children, not gainfully em-Farm laborer, Loborerthat fact may be indicated thus; Farmer (re-(b) Collon without more precise specification as Day For persons who have no occupation mill; (a) Salesman. -Coul mine, etc. Womduties of the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by : Committee on (Recommendations on statement of gause of telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease 10 ds. diseases resulting from childbirth or miscarriage as "PUERPERAL \*\*epticucmia," "PUERPERAL perilonitis," etc. "E:haustion," "Heart range," "Old Age," "Shock," "Old Age," "Shock," (spendar or intercurrent) affection need not be stated unless important. Example: Measles (disease or causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) as fracture of skull, and consequences le. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," atic), tions, such as "Asthenia," "Anaemia" (mcrely symptom-Whooping cough; converted thronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Nomenchature of the death

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1	ot	
175	Exa	
0	ġ.	
Y.	iffle	
CT	388	4
EX/	y ol	60
ed	beri	artif
stat	orc	f no
9 q	l eq	L A
pir	ay	hac
hou	t m	00
E CO	ati	900
AC	0 #	Ctic
ed.	8 8	atri
Hdc	<b>u</b> re	in
Bul	n te	200
Y I	plai	+0
refi	_	140
ca	エト	nno
d be	DEA	V Ir
onic	F	VBV
sh	SE C	ď
ion	AUS	C
mat	0	TAC
for	tate	COU
fin	o p	00
0	no	of
ten	Sh	ent
N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	Statement of OCCUPATION is very important. See instructions on back of certificate.
Eve	2	sta
8		
ż		

PLACE OF DEATH	05970 STATE OF MARYLAND
County MICA MICA	CERTIFICATE OF DEATH
1 2 Charles	Registration Dist. No. 334
Village or City Leav Sarsons No.9 2FULL NAME TURN Mary & La	St.: Ward)  (If death occurred In a hospital or institution, give Its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Maswed Thurst Wildows OR DIVORCED (Write the word)	16 DATE OF DEATH    May 24 , 1930   (Month) (Day) (Year)
May 9, 1840	I HEREBY CERTIFY, That I altended the deceased from
Month) (Day) (Year)	that I last sow has alive on IIII and I last sow has alive on IIII
7 AGE   If LESS than I dayhrs.	and that death occurred on the date stated above, at
90 yrs. mos. 12 ds. or min.?	
(a) Trade, profession or particular kind of work.	Benicles Receivere
(b) General nature of industry business, or establishment in	· · · · · · · · · · · · · · · · · · ·
which employed or (employer)	(Duration)yrsde,
9 BIRTHPLACE (State or country) Manhant.	Contributory Secondary  (Duration)  yrs
10 NAME OF FATHER HELINY FREWINGTON.	(Signed) Lacks/ Salisby M. D.
OF FATHER (State or country)  Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER La Mentour	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
(Informant) M.W. JUANUS WINKING	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4
(Address) Salishing Md.	Tyaskin M. E. Cernetery May 240, 1930
Filed May 26 1020 Lefend J. Truitt Registrar	The Hill of Johnson of Salishing Md.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

13 2 in

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queslaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping approved letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County ZVLCOMICA Registration Dist. No. EXACTLY Iy classifie St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEFY 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. may be WIDOWED, 7 OR DIVORCED (Write the word) 6 DATE OF BIRTH 0  $\overline{m}$ (Month) (Day) and that death occursd on the date stated above, at 7 AGE IfLESS than I day hrs. RESERVED Lef ds. or min.? ler B OCCUPATION 96 (a) Trade, profession or particular kind of work arefully I in plain (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) UI Contributory MARGIN 9 BIRTHPLACE Secondary 99 (State or country) nid 0 10 NAME OF FATHER 0 11 BIRTHPLACE ம ப ENTE OF FATHER SO Discase Causing Death, or, in deaths from 0 (State or country) Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal, ò C 12 MAIDEN NAME A PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) occui 13 BIRTHPLACE In the OF MOTHER of death. yrs......ds. State......yrs.....mes... (State or country) Where was disease contracted, if not at place of death?..... of shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Every CIAMS stater 2D UNDERTAK Registras Af mere banks are beeded, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 400

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar gneumonia. Bronchopneumonia ("Pneumonia,"

> telunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on Examples: Accidental drowning; Struck by railway train-American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopmeumonia (secondary), Chronic statement of cause of valvular heart disease; etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all questional answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

	1PLACE OF DEATH	15418 CTATE OF MADVIAND
	County Miconnics	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 333
Vill	lage or Cits Salisbury (No. F.S. Hrz	st.: 13 Ward) (If death occurred a hospital or instition, give its NAME
	2FULL NAME Rose Farmon	SII E. Loust st. Schistery Mynmber.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	MARRIED, WIDOWED Maniel  White (Write the word)	16 DATE OF DEATH  Dec. 8 , 1980  (Month) (Day) (Year)
6 0	DATE OF BIRTH  Mac., 1911	17. I HEREBY CERTIFY, That I attended the deceased from 1922/10.
	(Month) (Day) (Year)	that I last saw h Lative on flee 5 , 180
7 A	If LESS than I day hrs. or min.?	s. The CAUSE OF DEATH * was as follows:
(a) (b)	a) Trade, profession or articular kind of work Shut Hackoy work  b) General nature of industry	Mue allers
w	usiness, or establishment in which employed or (employer)	Contributory Secondary
	10 NAME OF FATHER Beorge alexander	(Signed) (Address) (Address)
ENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Clara Seeney  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)
-	OF MOTHER (State or Country)  Maryland	At place of death yrs mos ds. State yrs mos State State State yrs mos mos state state yrs mos yrs yrs yrs yrs yrs yrs yrs yrs yrs yr
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
	(All 311 & Lours tot Agli Land	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) // C. Frung y Natistry	- /. laisons and

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, er," etc., Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. business, that fact may be indicated thus; Furmer (to to report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the Laborer-Coal minc, etc. Wom-(b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro primal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphilaria avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on tclanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by 10 ds. Never report mere symptoms or terminal condias fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular Nomenclature The contributory Always qualify all " "Convulsions, heart "Dropsy, disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N 6

>

2

1PLAC	E OF DEATH		08412	STATE OF	MARYLAND
County	Wicomice		(1/3)	CERTIFICATE	OF DEATH
Village or Ci	Dalily &		Seul 26	Registration Spiles 13 Ward	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2F1	ULL NAME A	Chant B. o	Cay field		stend of street and number.)
PERSO	DNAL AND STATIST	ICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX	White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEAT	(Nonth)	14 ; 19.3 ° (Year)
6 DATE OF BI	July (Month	(Day) , 1	17 I HERE  17 Light Here  18 Light H	1990 to leave on alive on	ended the decessed from
			hrs. The CAUSE OF DE	EATH * was as follows:	above, at of 9 m.
business, or	nature of industry establishment in oyed or (employer)			(Duration)	
9 BIRTHPLAC (State or o	country)	mane	Contributory Secondary	(Duration)	yrsds.
10 NAME FATHEI	R albert o	Lay fined	(Signed)	Address) Do	lan. M. D.
F OF FAT	or country)	Lawans.	*State the Violent Causes, Accidental, Suicio	Discase Causing Death, state (1) Means of Ir dal or Homicidal.	or in deaths from njury and (2) whether
OF MO	THER Minie O	E. Parry	ients or Recent	Residents)	tals, Institutions, Trans-
OF MO (State	THER Mar	y land,	At place of death yrs  Where was disease c if not at place of death	ontracted,	yrs mos ds.
Olfer	tottet	Layfield	Former or usual residence	saford, Al	
	dress) Seaf	ord Del	Sento	id bel	July 15. 1930.
Filed C	uly 149231.	Jr. May L	trai - M. L.	Vatrouper	Respond
	If more blanks are	needed, address State R	egistrar, 16 W. Saratoga St	., Balto., Requesting V. S	i. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Spinner, (b) Cotton mill; (a) Salesman. er," etc., without more precise specification as Day worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be taken work, or Al Home, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serund, Cook, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH: Housemuid, etc. If the occupation has been changed whatever, write None. report specifically the occupations of persons Foreman, engineer. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons (4) Stationary freman, etc. But in many Automobile factory. The material and children, who have no occupation not gainfully em-(b) Grocery;

s in al meningitis"; Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"), Lokur pneumonia, Bronchopneumonia ("Pneumonia," the only definite synonym is "Epidemic cerebro-Bronchopneumonia

> inges, peritonacum, etc., Curcinomu, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Meusles; "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haeinorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL State cause for which surgical operation was undercarbolic acid-probably suncide. The nature of the injury, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Committee on Nomenclature valudar heart disease; etc. The contributory etc.), "Dropsy,

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

permanently filed.

UZ

BIN

FOR

RESERVED

MARGIN

of

on back

instructions

importa

very

(1)

00

FNA

AR

3 SEX

7 AGE

PLAGE OF DEATH <sup>2</sup>FULL NAME

4 COLOR ON RACE

AND

STATISTICAL

(Month)

5 SINGLE, MARRIED

WIDOWED

OR DIVORCED

(Write the word)

(Day)

(Year

mi

IIf LESS th

I day h

PERSONAL

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE (State or country

10 NAME OF

OF FATHER

OF MOTHER 13 BIRTHPLACE OF MOTHER

(Informant)

(State or country) 12 MAIDEN NAM

(State or country

(a) Trade, profession or particular kind of work

(b) General nature of industry Business, or establishment in

which employed or (employer)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

129	Registration D	ist. No.	GG.
field	St.:Ward)	(If death a hospital	occurred in or institu its NAME in
MEDIO	CAL CERTIFICATE O	F DEATH	
16 DATE OF DEATH	COEN		193.0
17 I HEREB	(Month) SY CERTIFY, That I atte	nded the d	eceased from
that Aast saw h 2	alive on hot	14	, 192
The CAUSE OF DEA	arred on the date stated aTH * was as follows:	577	
	(Duration)		nosda
Contributory	Busine C.	v	mos. <u>Z</u> d.
(Signed) 193	The Ly unch	nas/	Del M. D
*State the l Violent Causes, s Accidental, Suicidal	l iscase Causing Death, state (1) Means of Injuly l or Homicidal.	or, in decury and (2	aths from ) Whether
18 LENGTH OF Rients or Recent R At place of death vis.	In the	als, Institu	

deathyrs	Jnosds.	State
here was diseas not at place o	e contracted, f dea.h?	

ormer or usual residence

19	PLACE	OF B	URIAL	OR	REMOVAL	
0		x/	6		٢.	

OF BURIAL

(Address

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton should be used only when needed. As examples: (0) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Former (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenmid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician. Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Plonter, Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. Luborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the mill; (a) Salesman. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the bis-EASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar presumenta, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles, American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepeis, carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaennia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., oi ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular hearl disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGI	WITH UNFA	
	AIC,	
V. D. MO. I	WRITE	
•		2

Village or City Malishupso.	CERTIFICATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and of street an
PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  17 1930
6 DATE OF BIRTH    1930   (Month) (Day) (Year)   7 AGE   (If LESS than	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  192 to , 192
yrs	The CAUSE OF DEATH * was as follows:
10 NAME OF FATHER DSCAL James.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 MOTHER OF MOTHER (State or Country)	(Signed)
(Informant) Samuel Leatherbury.  (Address) Salisbury, P. P. D. #1  15 Filed Mel. 17 1930. & May June.  Registrar	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Lower Cerry, farmy Feb. 17, 1930  20 INDERTAKER  Leatherbury Salusbury Dr.  10 Place Salusbury Dr.  11 Place Salusbury Dr.  12 Place Salusbury Dr.  13 Place Salusbury Dr.  14 Place Salusbury Dr.  15 Place Salusbury Dr.  16 Place Salusbury Dr.  17 Place Salusbury Dr.  18 Plac
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions," cough; Chronic affection need valvular Nomenclature of the Always qualify all heart not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item or information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT BINDING WITH UNFADING INK--THIS IS A PE FOR MARGIN RESERVED WRITE N. B.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Manuer	CERTIFICATE OF DEATH
County of the state of the stat	CLRIFICATE OF DEATH
	Registration Dist. No. 33 (e
A SCI	
Village or City Chance (No	St.: Ward) (If death occurred In a hospital or institu-
	tion give its NAME is -
2 FULL NAME aris Carella d	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
MIDOWED. WIDOWED.	Han VO 1980
Male OR DIVORCED (Write the word)	(Mouth) (Day) (Nam)
6 DATE OF BIRTH	(Month) (Day) (Year)
o bare of birth	
Cilva 28 19/4	1923 1. to 1923 0,
(Month) (Day) (Year)	that I last saw h Malive on Jun 28 192,
7 AGE [IfLESS than	28/10
II DESCRIPTION	
116- 16- 1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	franching of the formation of the state of t
8 OCCUPATION (a) Trade, profession or	Lassylver Vilis Media
particular kind of work of schuld	
(b) General nature of industry	
business, or establishment in	(Duration) vrs. mos. do.
which employed or (employer)	1.17. 1
9 BIRTHPLACE	Contributory July / Mungul
(State or country)	3
I ID NAME OF	(Durstion) yts. mos. ds.
FATHER MAN LINE IN THE	(Signed) M. D.
11 BIRTHPLACE	Jon 29 1922 (Address) Delinas Pil
(0)	
Z (State or country) Maryland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
C 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jeast Henry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER O	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Ch. 1 (1 (1 -	Former or
(Informant) Marion (A delata)	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dimon Oul	me & Car & a coth 21 21
100000000000000000000000000000000000000	John Suster Jun 3 / 190
Filed Sun 29 1986 To Duna	201 UN DERTAKER
Registrar	Will D (Many Demonde)
If more hanks are needed, addre a State Revieters	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
in more planks are needed, address clate Negistrar	, to it. Outatoka Ott, Pattor, Reducating ** 5. 110. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Whooping ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Miconics	08413	STATE OF	
County	(90)	CERTIFICATE Registration	99,
Village or City Delman (No. 2FULL NAME Minos Levin Lee	ales Sv.	St.: Ward	74.1.1
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
Male White Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH	Justy	/8 , 192 (Year)
6 DATE OF BIRTH	17) / I HEREBY		tended the deceased from
april 30, 1878,	1 1	1951. to fre	[ ] E , 19 <u>Z</u> L,
(Month) (Day) (Year)		// /	1923 k.,
7 AGE  5 V yrs. 2 mos. 8 ds. or min.?	The CAUSE OF DEAT		d above, at 6.00 a.m.
(a) Trade, profession or particular kind of work auto. Mulania.  (b) General nature of industry business, or establishment in		(Duration)	
which employed or (employer)  9 BIRTHPLACE (State or country)  Allaware	Contributors Secondary	te Dilek	fur mide
10 NAME OF FATHER Joseph Lecates	(Signed) 1923	- To nes	M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Di- Violent Causes, sta Accidental, Suicidal of	te (1) Means of in	or, in desths from jury and (2) Whether
of MOTHER Ellew Vastings		IDENCE (For Hospi	tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Allaware	At plece of deethyrsm	In the	eyrada.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contri	acted,	**************************************
(Informant) Icla May Lecate	Former or usual residence	180000000000000000000000000000000000000	
(Address) Delmar, Del.	19 PLACE OF BURIAL	ecters fulls.	July 20, 1930
15 Filed July 18 1930 Wat Dunn	25 UNDERTAKER		ADDRESS

If more bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., WILIDUL Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physicism, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Starement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal! 'fever (the only definite synonym is 'Epidemic cerebrospinal meningitis'); Diphtheria (avoid use of 'Croup'); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ('Pneumonia,")

tions, such as "Asthenia," "Anamatic merely symptom atic), "Atrophy," "Colline ""Coma," "Convulsions, "Debility" ("Congenear," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "Enaustion," "Heart lanue,
"Inanition," "Marasmus," "Old Age," "Shock," Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory merely symptom-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1		02054
	PLACE OF DEATH	STATE OF MARYLAND
13	County // Liconia	CERTIFICATE OF DEATH
	Journey	An a
	man of 1 VI	Registration Dist. No. 336
	Village or City Common Ost No.	(16.1 - 1)
	6.	St.: Ward)  A control or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 5, 19 <b>3</b> 0 (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Mens / 1809	1929 to 77 15 , 1923 V.
	(Month) (Day) (Year)	that I last saw han alive on Stal 15. 198 1.
	7 AGE [If LESS than	and that death occurred on the date stated above, atm.
	71 3 11 day hrs.	
	yrs. mos. ds. or min.?	
4	OCCUPATION (a) Trade, profession or	Myroundles
	particular kind of work Tassau	
-	(b) General nature of industry	
	business, or establishment in	(Duration) yp. mos de.
	9 BIRTHPLACE	Contributory Jours Allelaha
	(State or country)	Secondary
	10 NAME OF	(Quration) yre mes the Water
	FATHER SISSES & SIE OF	(Signed) M. D.
	II BIRTHPLACE	7 1/5 /18 1985 (Address) / frlmas / del
	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	TIZ MAIDEN NAME	Accidental, Suicidal or Homicidal.
	of MOTHER Deamy Augus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
li	OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
	(Informant) MMS of every a Lic at I	usual residence
	A	19 PLACE OF BURIAL OR REMOVAL
	(Address) New Con Toll	Lecatis Con Juster Ctel 18, 1080
	15 / / to a Defent	20 UNDERTAKER ADDRESS

If more blanks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) age. For many occupations a single word or term on tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er, etc., william laborer, Laborer-laborer, Farm laborer, Laborer Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples, Cerebrospinal fever (the only definite synonymis "Epidemic cerebrospinal meningitis"); Diphtheria (a void use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, aecident; Revolver wound of head - homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertament as confident or miscarriage as diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e g., sepsis Examples: Aecidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Chronie unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJU.Y etc. affection need valvular heart The contributory disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County W comics	15419 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Salisbury (No. Den 2FULL NAME Mr. Samuel Le	Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME institution, give its NAME institution, give its NAME institution.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, MIDOWET Holdower  OR DIVORCED  (Write the word)	16 DATE OF DEATH LEC 3/ 1936 (Nonth) (Year)
Ozehruay 27, 1850	That I dest saw h in alive on All 3
7 AGENS 8 D yrs. 10 mos. 4 ds or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	M. Jack to
(b) General nature of industry business, or establishment in which employeder (employer)	(Duration) yrs. / m 28 ds
9 BIRTHPLACE (State or country)	Contributory Secondary Deglio Syre
11 BIRTHPLACE	(Signed) M. D. 1954 (Address) Jalenty
OF FATHER (State or country)  Mary land	*State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Chigan hoa Leonard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE 1 . OF MOTHER (State or country)	At place of death yes most des. State State des des des des des des des des des de
(Informant) Segunsula General Hosp  (Address) Salisbury Ind.	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DayE OF BURIAL  DayE OF BURIAL
Filed Nec 31 1930 Junes Registral	Orn-Horvard Wells, Pettsirlle, md
If more b.anks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

い、こと回

CE RIESH

2

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples : ia) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to oach and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return". Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planler, fulness of various pursuits can be known. The questo report specifically the occupations of persons enen at home, whatever, write None. business, that fact may be indicated thus; Farmer (see household only (not paid Housekeepers who receive a Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed mill; (a) Salesman. -Coal mine, etc. Wom-Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cereptospinal meningitis"); Diphilheria (avoid use of "Coup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on diseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory affection need Nomenclature not disease; of the

If this certificate is kloked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

RESERVED FOR

MARGIN

V. S. No. 1

PLACE OF DEATH	07086 STATE OF MARYLAND
County Wiesmico	CERTIFICATE OF DEATH
	(75-2) Registration Dist. No. 232
Village or City Jarsonshung (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Darole Tollerine	Leonard, stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single. MARRIED. M. Carried OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH A	17 I HEREBY CERTIFY, That Lettended the deceased from 1927 6. to price 5, 1920 that I last saw h Le alive on from 5, 1920
74 yrs. 5 mos. /3 ds. or min.?	and that death occurred on the date stated above, at 7.3 5.2 m.  The CAUSE-OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry	auslight
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Cullus Sclessiff
10 NAME OF FATHER Winder Hastings  11 BIRTHPLACE OF FATHER (State or country)  Md.	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place of deathyrsmosds.
(Informant) Cella Evans	Where was disease contracted, if not at place of death?
(Address) Dalishing. my	Leonarde Cemetary June 15. 1930
Filed June 15 1930 Leland J. Truitt Registrar	Wm Howard Wells Fillsille md
If more branks are needed, address ttate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken defi:ite salary), may be entered as Housewife, Houseer," etc., without more precise speciments without more laborer, Laborer—Coal minc, etc. Womlaborer, Farm laborer, Laborer—Coal minc, etc. Womlaborer at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The materia Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E::haustion," "Debility" ("Congenital," approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

II this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of octhe first line will be sufficient, e.g.. Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Spiener, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stolionary fireman, etc. But in many Physician, Campositor, Architect, Locomotive engineer, worked on may form part of the second statement. Aever return "Lahorer," "Foreman," "Manager," "Deallaborer Furm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons entired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The For persons who have no occupation -Coal mine, etc. Wommaterial Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal editor (the only definite synonym is "Epidemic cerebrosynal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid favor (never report "Typhoid Pneumonia"); Lobor pucumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma., etc., of unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. use of "Tumor" (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," ..... (name origin; "Cancer" is less definite; avoid "Puerperal septicuemia," "Puerperal peritonitis," etc. "Uraemia, " "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases or as probably such, if impossible to determine definitely. curbolic acid-probably suicide. The nature of the injury, avoident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway train telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, approved by Committee on (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

0	3	PHYSI- d. Exact
	TECORD	opertificate.
BINDING	A PE ANEN	should be strict it it may be properties on back of
MARGIN RESERVED FOR BINDING	INKTHIS IS A	Illy supplied ACE
MARGIN RE	ITH UNFADING INKTHIS IS A PE ANENT ECORD	should be carefully supplied ACE should be stated EXACTLY, PHYSI- SE OF DEATH in plain terms so that it may be properly classified. Exact

	PLACE OF DEATH	12795 STATE OF MAR	
	County Wrennes	CERTIFICATE OF	000
	0.	74-0 Registration Dist.	No. 2.2.2.
	Village or City Pittsville My No.	a h	f death occurred I nospital or institu n, give its NAME in ad of street an
2	2FULL NAME James Len	70	mber.)
	PERSONAL AND MATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
- X	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH	2 , 1930
Da	male   Write the word)	17 I HEREBY CERTIFY, That I attended	
0	6 DATE OF BIRTH	192 . to	, 192
0	flionth) (Day) (Ye	that I last saw halive on	, 192
ncti	7 AGE [if LESS	than and that death occured on the date stated above	e, atn
natr	\$ 5 yrs. 2 mos. /2 day		
000	(a) Trade, profession or Refined	(History of Oppopling	Home
	particular kind of work // LUVUCC  (b) General nature of industry	lime before Death.	
rtan	business, or establishment in which employed (r (employer)	(Duration)yre	ЖҮ H d
mpor	9 BIRTHPLACE (State or country)	Contributory Secondary	
7	10 NAME OF P	(Signed) SISHURL	mos
0 × 0	11 BIRTHPLACE	ON 16 1980 (Address)	in the same
Z	OF FATHER (State or country) Maryland	*State the Discase Causing Death, or, Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal.	Vn deaths from and (2) whether
PAT	of MOTHER Gattle Littleton	1B LENGTH OF RESIDENCE (For hospitals,	
C	13 DIRTHPLACE OF MOTHER OF	At place in the	.yrsmos
0	(State or country) Maryland	Where was disease controlled, if not at place of death?	
tot	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence	
nen	(Informant) of eva sullelon	19 PLACE OF BURIAL OR REMOVAL D	TE AF BURIAL
ater	(Address) Putto vellema. P.	D. Edward Perdue Cam. C	ct. 12.13
O	15 Filed Oct 12 1930 Leland J. Fried Registra	m Pasha Watsur Se	lbyville
	If more blanks are needed, address State Reg	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No.	100

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Civil engincer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return 'Laborer,'" Foreman," "Manager," "Dealwhatever, write Nonc. report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. If the occupation has been changed But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation) is simply the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Fneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchowneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, telanus) may be stated under the head of "contributory" State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptom-. . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, (secondary American Medical Association.) as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by roilway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on cough; or intercurrent) affection need not be Chronic " "Old Age, " "Shock," etc. volvular heart disease; Nomenelature of the The contributory

If this certificate is looked over thoroughly and all questions anywered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

PLACE OF DEATH County Vicinics	07087 STATE OF MARYLAND CERTIFICATE OF DEATH
Or Charles on the Charles of the Cha	Registration Dist. No. 333
Village or City Salishing (No. 320 4)	St.: 5 Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Semile White Kind of	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Sine 15, 1530
7 AGE 6 / If LESS then	and that death occurred on the date stated above, at 125. P.m.
60 yrs. 9 mos. 24 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Carerons of Dlomoet
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)yrsnosds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Pole to Comments	(Signed) Hute R Mann M. D.
o II BIRTHPLACE	6/16 182 O(Address) Dainly ord
(State or country) Maryland	*Stato the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many & Suffin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Marylanel	At place of deathyrsds. In the Stateyrstnosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
anforman of supply J. aiken	Former or usual residence
(AB 32)0 William st. Saleshy	1. Res & spring Com. June 18, 130
15 Filed June 1719230. G. May Julenes Registrar	Holloway + Co. Salishy And.
If more banks are needed, address ttate Registral	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs,. state occupation at beginning of illness. If retired from ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; if cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, Farm laborer. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer--Coal minc, etc. not gainfully em-(6) Grocery.

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably smicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valvular etc. The contributory Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Barner 05971 STATE OF MARYLAND PLACE OF DEATH County Vicomucs CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is stead of street number.) PERSONAL AND STATISTICAL PARTICULARS ÉDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH (Day) (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: ESERVED or min.? ds. 8 OCCUPATION (a) Trade, profession or particular kind of work Ø (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributor MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 1922 (Address) 11 BIRTHPLACE OF FATHER State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-O U ients or Recent Residents) 13 BIRTHPLACE At place of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. In the OF MOTHER (State or Country) ਰ Where was disease contracted. if not at place of death?... Former or usual residence. CIANS OF BURIAL OR REMOVAL DATE OF BURIA MODRESS

If more blanks are needed, addre.s Ltate Registrar, 16 W. Seratoga 89., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. The laborer, Farm laborer, Laborer—Coal minc, etc. Womlaborer, Farm laborer, Laborer—the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify al "Uraemia, "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the " "Weakness," etc., when a definite disease "Congenital," "Senile," etc.), "Dropsy,"
> ," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	05972 STATE OF MARYLAND
County Theomico	CERTIFICATE OF DEATH
00.0	m. Registration Dist. No. 333
Village or City Salisbury (No. 671 21.	Macw St.: 9 Ward) (If death occurred In a hospital or institution, give its NAME is
2 FULL NAME Codney O. Llays	atend of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Holor or RACE SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 3 , 1950
6 DATE OF BIRTH  April 1  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 3, 1920 that I last saw h Argalive on 1920
7 AGE (Fear)	0 0 1.1
yrs. 1 mos. ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Solan Promiss
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) Manular &	Contributory Secondery  (Duration) yrs
10 NAME OF FATHER Rodrey O. Llayd	(Signed) M. D. M. D. M. D. M. D. M. D.
OF FATHER Z (State or country) Mayland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jouise M. Perry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- iente or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mausland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deeth?
(Informant) Hodney & Sloyd	Former or usuel residence
(Address) Salishuey, M.	Taisny Cenellers, falishury 5/5/30, 19
15 Filed May 5-100. J. May June	20 UN DERTAKER WINES & Salishung, Ma
If more branks are needed, address tate Registrar	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. not gainfully em-(6) Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection neve more (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-("Congenital," cough; "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NENT MARGIN RESERVED FOR BINDING PE LY, WITH UNFADING INK--THIS IS A WRITE

V. S. No. 1

PLACE OF DEATH County	(18414 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 335
Village or City Mandoloun (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  (Month)  (Dsy)  (Year)	that I last shw hell alive on July () 1930,
7 AGE    If LESS than   I day hrs. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Configuration Viscondary  (Duration) A yrs mos ds.
10 NAME OF FATHER Julton Lowe.  11 BIRTHPLACE OF FATHER (State or country)	(Signed)  1920 (Address)  *State the Disease Causing Desth, 57, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Moder Eskridge	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs ds. Where was disease contracted,
(Informant) Justin June 1	if not at place of des.h?
(Address) Sharktown in	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL KLD Mens emetry by 1, 1982
Filed July 11 1980 Mary E. Manne	20 UNDERTAKER ADDRESS Sharptown
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many Salesman, (6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrage, "Thanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o: as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." (secondary or intercurrent) American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; for malignant neoplasms); Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Micomico	05973 CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Salishung (No. P.D. #4	Registration Dist. No.
Village or City/Market (No. 180-	
V/ 0-	tion, give its NAME in - stead of street and
2FULL NAME Samuel Jan	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 91NGLE,	16 DATE OF DEATH
M. O. WILL SHEDWELL	May 36, 1830
(Write the word)	(Noth) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended the deceased from
Vic 21, 18/1	may 2nd 1930. 10 may 30, 1930.
(Month) (Day) (Year)	that I last saw hwalive on May 70 1, 1920,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
. 58 5 3   day hrs.	The CAUSE OF DEATH * was as follows:
yrs. omos. ds. or min.	
a OCCUPATION (a) Trade, profession or  particular kind of work  Aumen	your concer
Pulling and the second	
(b) General nature of industry business, or establishment in	(Duration) yrs mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
Marylanes	(Daration) yrsds,
FATHER Columns of 21 Lower	(Signed) M. D.
11 BIRTHPLACE	May 1980 (Address) Salesby Me
H OF FATHER	*Style the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
ш — — — — — — — — — — — — — — — — — — —	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clase O Messick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)  Marylanel	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Me A and	Former or
(Interment) Dallie Force	usual residence
RoD. #4 Doliham Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Tasons Cen. June 1, 105 L
15 Filed line / 1930. J. May Jurne	20 UNDERTAKER ADDRESS
Registrar	Torclowy + to Salistung Mg
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balyo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom. 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic valvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Det: PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH (Write the word (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that struction (Day) 7 AGE 194 : 19 If LESS than and that death occurred on the date stated above, at 3:12: I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION te (a) Trade, profession or CS particular kind of work piai (b) General nature of industry business, or establishment in \_\_ which employed or (employer) I Contributory 9 BIRTHPLACE Secondary (State or country) DW (Durstion) ... DO 10 NAME OF (Signed). L 0 00 (Address) OF FATHER SOZ \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether z PA PO (State or country) ш Accidental, Suicidal or Homicidal. AP 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate SCUP) ients or Recent Residents) OCCD 13 BIRTHPLACE At place OF MOTHER (State or Country) Where was disesse contracted, 144 of shoul if not at place of dea.h?.... CIANS sho POPRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Wilnum laborer, Laborer—laborer, Farm laborer, Laborer— Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But iu many -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

American Medical Association.) If this certificate is looked over thoroughly and a'l questions telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; etc. The contributory

It much

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institutlon, give its NAME instead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 STEGLE COLOR OR RACE 16 DATE OF DEATH 26 (Month) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that I last saw bran (Month) (Day) (Year) and that death occurred on the date stated above, at If LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) .....yrs.....mos.... which employed or (employer) Contributory 9 BIRTHPLACE MARGIN Secondary (State or country) D W 00 10 NAME OF 00 11 BIRTHPLACE or, in OF FATHER Disease Causing Death, the Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 00 13 BIRTHPLACE In the At place OF MOTHER .y18.....mos..... (State or Country) should ent of O Where was disease contracted, if not at place of death? usual residence DATE OF BURIAL Every its CIANS stateme 19 PLACE OF BURIAL OR REMOVAL ADDRESS No. 1 Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga Sta Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; i cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Scruant, Cook. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The materia If the occupation has been changed single word or term on Locomotive engineer, (b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." "PUERPERAL septicuemia," "PUERPERAL perilonilis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Whooping cough; as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. The contributory affection need not be valvular Always qualify all heart disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County / Course	CERTIFICATE OF DEATH
	10, -	Registration Dist. No. 335
1	Village or City Navplouvillo.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Malter C. Mars	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Maly Write   SSINGLE, MARRIED, Marca & WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 29, 1930 (Month) (Day) (Year)
	6 DATE OF BIRTH  Can 9, 1853	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to come 2 4, 1950.
	(Month) (Day) (Year)	that I last saw h My alive on and an 29 , 1920,
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	77 yrs. mos. 20 ds. or min.?	The CAUSE OF DEATH * was as followed Pristate
	(a) Trade, profession or particular kind of work	
7	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yrs. 6 mos. ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)
	10 NAME OF JOSEPH P. Manne	(Signed) IT J. Tullfuran M. D.
	OF FATHER Z (State or country)	*State the Disease Causing Death, r, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	C 12 MAIDEN NAME	
	of MOTHER Mary , Cammon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place in the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) 1. Forman Manne,	Former or usual residence
	(Address) Sharpsown, Mil	May stown Teb, 1930
	Filed Jan, 29 1920 Mary E. Mann Registrar	26 The Francis Hors Sharptown
1	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) whatever, write None. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, cupation is very important, so that the relative health-Foreman, (b) Automobile or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-nome, who are engaged in the duties of the (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death 'telanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Exhaustion," "Heart 'allow," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy" ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic affection need not be etc. valvular heart Nomenclature The contributory ," "Convulsions, "Dropsy, Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH County Viconico	10803 STATE OF MARYLAND CERTIFICATE OF DEATH
	921
1.0	Registration Dist. No. 7
Village or City Delmas (No. 102 Ch 2FULL NAME Roland Hill N	St.: Ward) a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Married Widowed. Married (Write the word)	16 DATE OF DEATH Seft 1) , 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decensed from
Jan 7, 1890 (Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE     If LESS than	and that death occurred on the date stated above, at
40 yrs. 8 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
	Sur archal Honorshan
(a) Trade, profession or Brakeman	
(b) General nature of industry business, or establishment in which employed or (employer) Renn. R.R.Co.	(Dyration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory June 1990 (Duration) Sp. yrs. mos. ds.
10 NAME OF Wm, W. Marsh	(Signed) M. D.
OF FATHER  (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sallie Fitchett	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country) Unquia	of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Deus J. Marsh	Former or usual residence
(Address) Delmar, Del,	M. Com Survey Sept 14, 1630
Filed Lyf 1 1980 21 of Jenson Registrar	DUNDERTAKER MODELS TEMPORATE
If more bianks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a the first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever '(never report "Typhoid Pneumonia,"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

"E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; auc), August, "Senile," etc.), "Dropsy," "Debility" ("Congenital," "Senile," "Haemorrhage," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condiunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death cough; Chronic valvular heart etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8. No. 1

	PLACE OF DEATH	09653 STATE OF MARYLAND
	County Wichmel	CERTIFICATE OF DEATH
	WITSIE GOSFGSATS LINITS OF	Registration Disk No. 393
ate.	Village or City Selection (No.	Candle St. B Ward) (If death occurred in a hospital or institution, give its NAME i.
TI YOU	2FULL NAME Jamo N. Mish	stead of street and number.)
000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	2 SEX 4 COLOR OR RACE SHINGLED WIDOWED WIDOWED AND ONE OF DIVORCED	16 DATE OF DEATH
Č D	6 DATE OF BIRTH	(Month) O. (Day) & 30ear)
8 0	out Know	any 30 195 to any 30 , 1960.
1011	(Month) (Day) (Year)	that I last saw him alive on any od , 1900,
200	7 AGE    If LESS than	and that death occurred on the date stated above, at
nst	Styrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
200	(a) Trade, profession or particular kind of work	
rant.	(b) General nature of industry business, or establishment in which employed or (employer)	Duration) yes. mos. ds.
oduu	9 BIRTHPLACE (State or country)  Somuseh bo had	Contributory Secondary Description (Duration) yrs. 1208 ds.
very	10 NAME OF FATHER DOWN / Know	(Signed) W. P. a) are. M. D.
2 2	OF FATHER  (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
<	12 MAIDEN NAME Sout 12mm	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE DOWN / France (State or country)	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
		Former or usual residence
	(Address) Sales Duy Ind	P. Aure Med Left-18, 1930
	Filed Aug 3/19230 V. May Junes	E O Wilson O- Cume 37/2
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cases, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Housemaid, etc. Or For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Branchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, telunus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy; "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State eause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need " "Marasmus," "Old Age, Chronic etc. The contributory valvudar heart Nomenclature Always qualify all " Shock," disease; not be death as

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Mconces	STATE OF MARYLAND CERTIFICATE OF DEATH
Martal SI	(89) Registration Dist. No. 356
Village or City Who Dans 19	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Amile Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 22, 198 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h malive on law 4, 1920,
7 AGE  6 8 yra. 5 mos. 10 ds. or min.?  8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration)ds.  Contributory
10 NAME OF FATHER AMEN TO MASSEY  11 BIRTHPLACE OF FATHER  OF FATHER	(Signed) (Address) (Signed) (Address) (Address) (Signed) (Address)
(State or country) Ollaware  (State or country) Ollaware  12 MATDEN NAME OF MOTHER Sallic am Miligen  13 BIRTHPLACE OF MOTHER (State or Country) Ollaware	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) MA MOUNT AND	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  M. P. Cun Dussey Lan 125, 1930
Filed fan 24 1986 Wef Line 6 L. Registrar  If more blanks are needed, address State Registrar	20 UNDERTAKER MANUEL DELIMANTE, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sbusiness, that fact may be indicated thus; Farmer (reshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Cracery. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return". Laborer,""Foreman,"". Manager," "Deal-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. ," etc., report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Laborer-Coal minc, etc. Wom-Gracery.

Statement of Cause of Death—Name, first, the DIS-EAS:: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
> "Debility" "("Congenital," "Senha" etc.), "Dropsy,"
> "Enhaustion," "Heart failure, " "Haemorrhage,"
> "Inanition," "Marasmus," "Old ge," "Shock,"
> "Uraemia," "Weakness," etc., whose definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," discases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY can be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condicough; wound of head-homicide; Poisoned by Chronic etc. The contributory valvular heart Always qualify all disease ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from g-ged in doinestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed Spinner, (b) Colton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, report specifically the occupations of persons en-Foreman, etc., especially in industrial employments, it is neees-For many occupations a single word or term on yrs). Form laborer, without more precise specification as For persons who have no occupation " (6) Automobile, foctory. The material Laborer-Coal mine, etc. Womduties of the (6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); Meosles inges, peritonaeum, etc., Corcinoma, Sareoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from ehildbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in class a hospital or institution, give its NAME in stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 4 COLOR OR RACE MARRIED WIDOWED OR-DIVORCEY (Write the word) (Month) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from  $\overline{\omega}$ (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: (1) ds. or min.? 6 OCCUPATION (a) Trade, profession or particular kind of work plai Ib) General nature of industry business, or establishment in which employed or (employer) I Contributory 9 BIRTHPLACE Secondary (State or country) 4 D W 10 NAME OF (Signed) Ö (Address) .... 11 BIRTHPLACE 0 14 E S 25 \*State the lisease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. AU. SF 0: 18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Transetate ccu2/ ients or Recent Residents) 13 BIRTHPLACE At place of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds, In the OF MOTHER (State or County ō Q Where was disease contracted. Shoul of il not at place of dea h?.. CIANS sho Former or usual residence VOLY 20 UNDA Registra If more blanks are needed, addre.s Ltate hegistrar, 16 W. Saratoga St., Balto, hequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specimeanon will laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Salesman. (b) Grocery;

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Exact

PLACE OF DEATH	STATE OF MARYLAND
County Mornico	CERTIFICATE OF DEATH
2/1	Registration Dist. No. 330
Village or City/ Handela (No. B)	St.: Ward) (If death occurred in hospital or institu- tion, give list NAME in- stead of street and
2FULL NAME Grauce 10, 0	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Soul 3, 1985  (Month) (Day) (Year)
6 DATE OF BIRTH  Abril 2, 1929  (Month) (Day) (Yest)	17 I HEREBY CERTIFY, That I attended the deceased from 25 193 D to a 193 D, that I last saw h alive on 3 193 D,
7 AGE  / yrsmoa. / ds.   If LESS than I dayhrs. ormin.?	
(a) Trade, profession or particular kind of work	Convulsions
(b) General nature of industry business, or establishment in	(Duretton) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Dentition yrs. mos. ds.
10 NAME OF FATHER FLANCIS Majors	(Signed) Hetel M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  (A MAIDEN NAME  (B MAIDEN NAME  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sta N, Majors  13 BIRTHPLACE OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs of death death described by the state of death des
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MX, KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Francis Majors	Former or usual residence
(Address) Mardela, MA,	Attrol Cemetery April 4, 1932
15 File File 1930 In le Comotione	10, Fravenor Kro, Sharptown
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physicism, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of occupation is very important, so that the relative health-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Automobile factory. The material Laborer--Coal mine, etc. duties of the 6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

\*(Recommendations on statement of cause of death approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1,830

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupition is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g. Farmer or Planter, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. should be used only when needed. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH. worked on may form part of the second statement en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealployed, as At school, or At home. Care should be taken definite salary), may be entered as Hoasewife, House-mork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Greery; commun. (b) Automobile factory. The material Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day As examples: (a) But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemic cerebrosymial meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"; Lober pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc. . I rinoma, use of "Tumor" stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephriti, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia, causing death), 29 ds.; Bronchopneumonia (secondary) Whooping "Inanition," "Marasmus, etc., when a definite disease "Iraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicacinia," PUERPERAL perdonellis, elc. ..... (name origin; " ancer" is less definite; avoid State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURA as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head—homicide; Poisoned by or as probably such, if impossible to determine definitely curholic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death approved by Committee on Nomenclature American Medical Association.) Never report mere symptoms or terminal condi-uch as "Asthenia," "Anaemia" (inerely symptomresulting from childbirth or miscarriage as cough; " " Marasmus, indefinite): Tuberculosis of lungs, menfor malignant neoplasms); Chro bc " "Old Age," "Shock, etc. valitular heart disease; affection The contributory Sarconu,, need Mensles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

Dr. Bann 0840 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWEL an. (Month) (Dsy) (Yesr) I HEREBY CERTIFY, That I Reended the deceased from BIN 6 DATE OF BIRTH (Day) (Year) 7 AGE [If LESS than and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH - was as follows: or min.? OCCUPATION (a) Trade, profession or 200 particular kind of work 0 (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER 0 ..... 1922 (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) W Accidental, Suicidsl or Homicidsl. 12 MAIDEN NAME Œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death \_\_\_\_\_\_mos.\_\_\_ (State or Country) 7 Where was disease contracted, Every item of CIANS should statement of C if not at place of, death? BEST OF MY KNOWLEDGE Former or usual residence OF BURIAL OR REMOVAL 20 DINDERTAKER ADDRESS Filed Registrar If more blanks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) specifically the occupations of persons en-Compositor, Architect, (b) For persons who have no occupation Stationary fireman, etc. But in many a mill; (a) Salesman, (b) Grocery;
Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease affection etc. The contributory valvular heart disease; need Measles; not be death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

02055 STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. CONFORMED LIMITS OF (If death occurred in a hospital or institu-tion, give its NAME in-(No. Penisula General Hosnistal / Ward) Village of City Salisbury stead of street and 13 July 11, 2FULL NAME Charles McMape MEDICAL CERTIFICATE OF DEATH ERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 193 O MARRIED. Married WIDOWED. OR DIVORCED (Month) (Day) (Year)..... (Write the word) I HEREBY CERTIFY, That I attended the deceased from 17 OF BIRTH 193 0 . to. 1. 1867 Unknown (Year) (Month) (Day) and that death occurred on the date stated above, at V? If LESS than 7 AGE The CAUSE OF DEAT \* was as follows: I day hrs. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in Farmer which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) Deleware 10 NAME OF (Signed) FATHER McMabe II BIRTHPLACE \*State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. Del 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-00 OF MOTHER Caroline Jones ients or Recent Residents) BIRTHPLACE At place MOTHER of death. tate or Country) Md. Where was disease contracted, if not at place of death 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence Maggie Mc Mabe DATE OF BURIAL (Informant) 19 PLACE OF BURIAL OR REMOVAL Feb. 12 19 30 St. Pauls Cemetery ADDRESS 20 UNDERTAKER Forcester Berlin Mo-J. W. Burbage If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ENTS

4

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from entaits home, who are sangaged in the iduties of 6the hoadchold einly (not paid Nouskapers who receive a definite salary), may be entered as Housewijc, 2House Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanages," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremon, (b) Automobile factory. The material 6 yrs). For many occupations a single word or term on or At Home, and children, Form Taborer, Loborer Code minic, etc. Wom For persons who have no occupation not gainfully empersons en-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ten n for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is \*Epidemic cerebrospinal meningitis\*); \*Diphiheria avoid use of \*Croup\*\*; \*Typhoid fever\* (never report "Typhoid Pneumonia"; \*Lobor pneumonia, \*Bronchopneumonia\*\* ("Pneumonia, "

taken Folk Ying of SEXTHS state NEWNS OF INJURY and qualify as AGO DENTAL, SUICIDAL, or as probably such, if impossible to determine definitely. Sdisbased resulting from childbirth or miscarriage as "PUEREERAL Egylicymiq," "PUERPERAL geritonitis," etc. State cause for which surgical operation was understated unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need Examples: Accidental drowning; Struck by railway train "E haustion, American Medical Association.) be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Corcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, ("Congenital," cough; 9.9 Committee on "Heart failure," "Haemorrhage, Chronic etc. The contributory volvulor heart Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	02056	STATE OF MARYLAND
County Miconsilo	02000	CERTIFICATE OF DEATH
Village or City Pockawalker (No.	90	Registration Dist. No. 333
2FULL NAME Thomas allen	Melson	a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE OF DEATH
Male This or RACE 5 SINGLE, MARRIED, WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
B DATE OF BIRTH  Much 4, 1855.	17 I HEREB	Y CERTIFY, That I attended the deceased from
(Month) (Dsy) (Yesr)	- that I last saw h	
7 AGE   If LESS that I day hr	s. The CAUSE OF DEA	rred on the date stated above, atm. TH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	chronic	Myrcarditis
(b) General nature of industry business, or establishment in		(Durstion)yrs,mos,ds,
9 BIRTHPLACE (State or country)  Maulla	Contributory Secondary	
10 NAME OF FATHER Slaviel Melson	(Signed) H. le	CAddress) Hebroil
OF FATHER (State or country) Mausland	*State the I Violent Causes, s	Disease Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal.
of MOTHER Sacal 6. This		ESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  MAULIA A	At place of deathyrs	In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		ah?
(Informant) Med. J. a. Melson	Former or usual residence	
(Address) Helson, Md. R.S. V.	Talsons Cen	LE OR REMOVAL DATE OF BURIAL N/6/30, 19
Filed Fel. 8 1930. & May Turner Registras	20 UNDERTAKER	A Johnson G. Salishary Ma
If more bianks are needed, address State Registr	ar, 16 W. Saratoga St.,	Salto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more process. Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "(Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	1	PHY Bd. Ex
	CORD	EXACTLY v classifie
97	IS A PER NENT LORD	ACE should be stated EXACTLY, PMY
OR BINDING	PER	should it may
OR	IS A	ACE

SI-

1PLA	CE OF	DEATH	
County	w	Lliz	nuio

#### STATE OF MARYLAND 09655 CERTIFICATE OF DEATH

74-a)	Registration I	Dist. No. 33/
. /	St.:Ward)	(if death occurred in a hospitei or institu- tion, give its NAME in- stend of street and

cell	**************************************	number.)	
	MEDICAL CERTIFIC	ATE OF DEATH	
AS DATE OF	<u> </u>	(Day) (19	
17 8-1	HEREBY CERTIFY, The		ed from
that I lest :	ow halive on8	5-18-	1923
	ath occurred on the date OF DEATH * was as fello		
Contribu Second	tory	)yrs mos	6 de.
8-1	5 alle 3 1 1923 QAddress) In	artiwhe 4	M. D
*State Violent Accidenta	the Disease Causing Causes, state (1) Means i, Suicidai or Homicidai.	Death, or, in deaths of Injury and (2) Wi	from hether
	OF RESIDENCE (For Recent Residents)	Hospitals, Institutions	, Trens
At place of death	yrsds.	In the Stateyrsmos	ds
Where was d	isease contracted, ce of death?		•••••
Former or usual resident	ce	politica de caracteria de caracteria (	
19 PLACE C	F BURIAL OR REMOVAL	DATE OF BU	RIAL
Fall	insville (Not	aug 20.	19 30

O UNDERTAKER

If more branks are needed, address State Registrar, (6 W. Saratoga St., Belto., Requesting V. S. No. 1.

ADDRESS

Vill	lage or City Jestenville (No.		
	2FULL NAME JAHR TWONIES		
	PERSONAL AND STATISTICAL PARTICULARS		
3 8	Male While (Write the word)  5 SINGLE, MARRIED, MIDOWED, MIDOWED, WIDOWED, WIDOWED, WIDOWED		
6 0	OATE OF BIRTH  (Month) (Day) (Year)		
7 A	If LESS than I day hrs. or min.?		
) (l	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)		
	(State or country)		
	10 NAME OF Hahlan Musich		
RENTS	11 BIRTHPLACE OF FATHER (State or country)		
PARE	< of MOTHER / TT, 0 /h 1001A/4		
	13 BIRTHPLACE OF MOTHER (State or Country)		
14	(Informant) James & Misself		

V. S. No. 1

CIANS should statement of OC

ż

15

WRITE

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise operational laborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) taken. FOR VIOLENT DEATHS state MEANS OF INJURY as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.

(If death occurred in

1	a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH OF 28, 1930
=	(Month) (Day) (Year)
,	HEREBY CERTIFY, That I attended the deceased from
	that I last saw han alive on Oct 74 , 1925
- n	and that death occurred on the date stated above, at 336, m.
3.	The CAUSE OF DEATH * was as follows:
?	arterio 2 clearsis
	~
	(Duration) yrs. mos. ds.
	Contributory Secondary
	(Duration)/ yis mos de.
-	(Signed) A Tullynan M. D.
-	14/19 192 (Address) Shurploons hind
-	*State the Disease Causing Death, or, in deaths from Violeat Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place In the of death yrs mos ds. State yrs ds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
0/0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1	2004 DENTAKER ADDRESS
-	The weeres tolo Stantonire.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement For many occupations a single word or term on not gainfully em-

of Cause of Death—Name, first, the DIST to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Crart Typhoid fever (never report "Typhoid Fourmonia, Bronchopm"

American Medical Association.) approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature 'Congenital,' "Senile," etc.), "Dropsy, Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; Measles ; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Planter, Civil engineer, Stationary Streman, etc. But in many should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Spinner, (b) Cotton mill; (a) Salesmon. (b) laborer Farm taborer, Laborer—cons muie, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager." "Dealer," etc., work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a played, as At school, or At home. Care should be taken gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death-Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect fewer (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Carebrospinal to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia", inal meningitis"; Diphtheria (avoid use of "Croup"); рысытопіа, Bronchopneumonia ("Pneumonia,"

> inges, perilonacum, etc., Carvinama, Surcoma,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms; Measles; stated unless important. Whooping cough; causing death), 29 ds.; Bronchopnenmonia (secondary) (secondary Chronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintelunus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valintar Example: Meosles (disease etc. Nomenclature of the The contributory hourt

answered in detail, It will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freedom, No. But in manyacases, especially in industrial engineers in is necessary to know (a) the kind of work and also (b) the the first line will be sufficient of g Farmer or Plantey, cupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to ouch and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-Housemaid, etc. Foreman, For many occupations arsingle word offterm on : 20 yrs). Furm luborer, Laborer-Coal mine, etc. At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respectto time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebro", spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important, inges, peritonaeum, etc., Carcinoma, Surcoma,, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchogneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Exhaustion, approved (Recommendations on statement of cause of American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Example: Measles (disease nt neoplasms); Measles; valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions at greed in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH

County/1100000	CERTIFICATE OF DEATH
F 61 51	Registration Dist, No. 336
Village or City Delmon Port Cell	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR-OHYORGED (Write the word)	16 DATE OF DEATH 26 28, 1980 (Month) (Day) (Year)
DEC 187 (Month) (Day) (Year	17 Heby 22 1920 to Jeby 28 1920,
7 AGE 6-8 yrs. 2 mos. 10 ds. or mi	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	West Rephritis cause unknown
which employed or (employer)	Contributory Atalunic Parsau Secondary  (Duration) yrs. mos. 2. ds.
10 NAME OF FATHER OSEIN OCCUM	(Signed) Nobest Eclegood M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Frank	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Delaware	At place, of deathyrsmos,ds. In the Stateyrsmosds.
(Informant) A THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Address) Dilmon All	M. P. Con Sussey March 1/198
Filed Mar (1) 1986 W SF Desser	Will & Mawy Felmarke
If more bianks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02057 STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm tavorer, Lawren the duties of the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Ilaemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Chronicetc. valvular Nomenclature The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Suonuo	CERTIFICATE OF DEATH
2/1	Registration Dist. No. 33
Village or City / (No	St.: 15 Ward) (If death occurred in a hospital or institu-
2FULL NAME addie V. Mile	41 4 515 5417 1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 5, 1930.  (Month) (Day) (Year)
Sept. 5, 1878  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 4, 1929, that I last saw h 2 alive on 1929,
7 AGE IIILESS than	(150)
I day hrs	
8 OCCUPATION (a) Trade, profession or particular kind of work	Chrome My readel
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) Manual 4	Contributory Secondary  (Duration)  Vis. mos. ds.
10 NAME OF John Mikkell	(Signed) Hillow M. D. april 6 1930 (Address) Horizon
OF FATHER  (State or country)  12 MAIDEN NAME M.	*State the Disase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MALLY J. Alenson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER M	ients or Recent Residents)  At place of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Who Mikelell	Former or usual residence
(Address) Thehion, Mil.	Melion, Md. 4/8/30, 19
15 Filed april 8 1983 Mis & Mullag Registrar	The Will's Thaton Co. Salishury M.
If more bianks are needed, addresa State Registra	ar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Housemaid, etc. For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation If the occupation has been changed Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

IN, WITH UNFADING INK---THIS IS A PE MARGIN RESERVED

operly classified. Exact certificate.	PLACE OF DEATH  County Mulowilo  Village or City Passonshing (No.  2FULL NAME Julia a Mult	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 332  St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
f information should be carefully supplied ACE should be state SAUSE OF DEATH in plain terms so that it may be proceduPATION is very important. See instructions on back of		16 DATE OF DEATH  (Month) (Day) (Year)  17 I HENTRY CERTIFY, That I assended the deceased from 1980 to 1980 (1980)  that I last aw has alive on 1980 (1980) and that death occurred on the date state above, at 5
Every item o CIANS shoul statement of	(Address) Jassonsher And	Former or usual residence
m	Filed Septe 14 1900 Library Registrai	Allewart Soluburga
Z	If more blanks are needed, address State Registrar	16 N. Sdratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g. . Farmer or Planter, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Spirno, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. dever return "Laborer," "Foreman," "Manager." "Dealer," ebc., work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be taken gaged in domestic service for wages, as Seruant, Cook, to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on Furm laborer, yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death-Name, first, the DIS s, inal meningitis"); Diphtheria (avoid use of "Croup, ed term for the same disease. Examples: Cerebros prince to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect fener the only definite synonym is "Epidemic cerebro-Typhoid forer (never report "Typhoid Pneumonia", presumonia, Bronchopneumonia ("Pneumonia,

> inges, pertlonaeum, etc., Carcinoma, Sarcona, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping eough; Chronic Chronic interstitial nephritis, tions, such as "Asthenia," "Anaemia" (mercly symptom-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underaccident; Revolver reound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tctanus) may be stated under the head of "contributory." eurholic acid-probably smeids. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis; American Medical Association.) approved by Committee on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be for malignant neoplasms); Meusles; Chronic Example: Meusles (disease etc. munitar Nomenclature of the The contributory Always qualify all Henre disease;

answered in detail, it will prevent further correspondence. A I the answered in detail, it will prevent further correspondence. A I the answered in detail, it will prevent further correspondence. A I the If this certificate is looked over thoroughly and all questions permanently filed.

BUREA

0

PLACE OF DEATH	14733 STATE OF MARYLAND
County Weldmilla	CERTIFICATE OF DEATH
7	Registration Dist. No. 333
Village or City / Nulland (No	St.: / Ward) (If death occurred in heapitul or institu-
2 FULL NAME Gonce Malera	ward) n hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH DIE 5 , 1920 (Month) (Day) (Year)
6 DATE OF BIRTH Claul	april 192 to april 5 192
(Month) (Day) (Year)	that I last saw hun alive on Uprel 5 , 1930,
7 AGE about   If LESS than	and that death occurred on the date stated above, at
# 6 yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Lobar Dreumonea
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Durstion) yrs, mos 5 ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF PATHER	(Signed) Athur V. Browne M. D.
11 BIRTHPLACE	4-7 1920 (Address) Salisbury-Md.
OF FATHER (State or country)	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER LANGE FORMAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Frans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
X1. 0. 0	Former or usual residence
(Informant) Horry Mobray	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mew Forfa Certie	Mit load en len me Uhr 8, 1980
15 Filed agu 8 1930. G. May June	20 UNDERTAKER JADDRESS Salealung
If more banks are needed, addre. s tate hegistrar	18 V. Saratoga St., Balto., Lequesting V. S. Iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death carbolic acid probably suicide. The nature of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative healthguged in domestic service for wages, as Servant, Cook, Housenhaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer ar Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, Compositor, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the Architect, But in many

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebropinal fever (the only definite synonym is "Epidemic cerebropinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever never report "Typhoid Pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia,");

ro American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Chronic etc. The contributory affection valvular heart Always qualify all need disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Theonics	CERTIFICATE OF DEATH
Jonnes.	Registration Dist. No. 333
Salishus or	Ward) (If death occurred in
Village or City Salisbury (No.	a hospital or institu-
2FULL NAME Carrie Eliason	Mosse tion, give Its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 12, 1980.  (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
June 1 1856	192-3/to fleench 22, 19230
(Month) (Day) (Year)	that I last saw h Malive on Muscle 22, 1930
7 AGE     If LESS than	and that death occurred on the date stated above, at . 3.3 ff m.
I day hrs.	The CAUSE OF DEATH * was as follows:
73 yrs. 9 mos. V/ ds. or min.	
8 OCCUPATION (a) Trade, profession or	Budeca detes
particular kind of work	Deco news medites
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. S. mos. ds.
9 BIRTHPLACE	Contributory
(State or country) Xleldware	(Duration) yrs mos ds,
10 NAME OF A A A.	(Signed) Hearles M. Beorey M. D.
FATHER WAN U. Cleason	3/ 2 . 36 & alus any Jud
0 11 BIRTHPLACE OF FATHER	192 (Address)
C (State or country) Selaware	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME 6	Accidental, Suicidal or Homicidal.
of MOTHER Clarer 11. Mayel,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE ON AL.	At place a 1/1 In the
(State or Country) Sukudaylard	of death yrs de. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mrs. Louis Stockly.	Former or usual residence Sens of Head all Mallsluse me
(Informant) //W. Ohu Oko Cheege	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Salisbury, MA:	Middlelson, Sel. 3/73/3, Go.
Filed Meh 23930. Jr. May Turner Registrar	The Will K Johnson & Salishury Mb
If more branks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.	

ON A DW

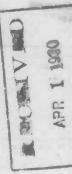
(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specincation as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over throroughly and all questions answered in detail, it will prevent further/consepondence. All the data is essential and must be abtilled before the certificate is permanently fied.



PLACE OF DEATH

RESERVED MARGIN D W DO 20

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: /3 Ward) (If death occurred in a hospital or Institution, give its NAME in-stead of street and number.) AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 22 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) that I last saw h ......alive on ..... 7 AGE IIILESS than and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH \* was as follows: ds. or O min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in importa (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 12 (Address) OF FATHER ENT \*State the Disease Causing Death, or, In Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) TIO PARI 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients or Recent Residents) 13 BIRTHPLACE CC At place In the OF MOTHER of death vrs...... mos. ds. State yrs mos ..... (State or Country) 0 0 Every Item of CIANS should statement of ( Where was disease contracted, THE BEST OF MY KNOWLEDGE if not at place of death?.. Former or usual residence PLACE OF BURIAL OR REMOVAL If more branks are needed, address State Registrar, 16 W. Saratoga So, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serund, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (relaborer, Farm laborer, Lauve or the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH (a) Foreman, (b) Automobile factory. The inaterial etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman, Locamoline engineer, (b) (iracery

Statement of Cause of Death—Name, first, the histering Causing Death (the primary affection with respect to time and causation), using always the same accepted the same of the same disease. Examples: Cerebras pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

Cas fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature (Recommendations on statement of cause of death American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weukness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," causing death), 29 ds.; Browhopneumonia (secondary), (secondar, or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY cough; Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all quistions unswered in detail, it will prevent further correspondence. All the data is elsential and must be obtained before the certificate is represented the certificate is represented the certificate is represented the certificate is represented to the certificate in the certificate is represented to the certificate in the certificate is represented to the certificate in the certificate is consistent to the certificate in the certificate is consistent to the certificate in the certifi

1930

a co	PLACE OF DEATH	STATE OF MARYLA
FX	County Mionico	GO CERTIFICATE OF DE
CORD EXACTLY, P by classified. floats.	Village or City Salishung (No. 507 Soul	Registration Dist. No.  Registration Dist. No.  (If death a hospital tion, give stead of number.)
ated EX/	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANENT ild be sta ay be pre back of c	Male Thise Single, Married Widowen OR Divorced (Write the word)	16 DATE OF DEATH Sec. 3
EN THO	6 DATE OF BIRTH  May 7 (Month)  (Day)  (Year)	that I last saw how alive on the start of the
HIS IS A Polied. ACE ems so that instructions	7 AGE  81 yrs. 6 mos. 76 ds. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
INKT	(a) Trade, profession or Held Wright  (b) General nature of industry  business, or establishment in	Valvulor Heart (Durston) Don't The
FADING be caref EATH in Importa	9 BIRTHPLACE (State or country)  Mauyland	Contributory Secondary Heart Brian (Duration)
Should Should Is very	10 NAME OF FATHER LONG MALLO  11 BIRTHPLACE OF FATHER  OF FATHER	(Signed) Zeo: W. Voda Dec 4 1921 (Address) Salis buy *State the Disease Causing Death, or, in de
mation caus	(State or country)  12 MAIDEN NAME OF MOTHER Sally and Piclaclan	*State the Disease Causing Death, or, in de Violent Causes, atate (1) Means of injury and (2 Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institution of Recent Residents)
of inforuid stat	13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsds, In the Stateyrsds, Where was disease contracted, if not at place of death?
WRITE Every Item o	(Informant), Calvin Marris,  (Address) Salislung, md	Former or usual residence
F. BEve	15 Filed Dec 5 1930. V. May Turner Registrar	20 UN DERTAKER  Sold Mills Malor Co. Salich  1, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.
7 =	It more Dianks are needed, address State Registral	it to the marginal and married standard and an arrange and arrange arrange and arrange arrange and arrange

OF MARYLAND ICATE OF DEATH

stration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME In-stead of street and number.) Ward)

16 DATE OF DEATH	Lev.	3	, 1950.
\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(Month)	(Day)	(Year)
17 GEL 25	ertify, That I a	ttended the	
that I last saw h.m.J.a	live on let	2014/11	1923.A.,
and that death occurred	on the date state	d above, at	7 A_m,
The CAUSE OF DEATH			
G*************************************			
Valvulon			
Heart	(Durstion)	out lu	mosdo.
Secondary Heart Rose		Soul	1 Burn
(Signed) Leo.	M. Toda		, M. D.
Dec 4 19231	Address) Sali	· buy	Med
*State the Disea Violent Causes, atate Accidental, Suicidal or l	se Causing Death (1) Means of Homicidal.	h, or, in d injury and (	eeths from 2) Whether
18 LENGTH OF RESID	ENCE (For Hos		
At place of deathyrsmos.	de. In the	he lateyrs	mosds,
Where was disease contract if not at place of death?	ed,		
Former or usual residence			
10 BLACE OF BURIAL O	R REMOVAL	DATE C	F BURIAL

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., William ... Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day single word or term on -Coal minc, etc. Wom-

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospiaal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect ? Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, "Uraemia, ""Weakness," etc., when a definite disease American Medical Association.) approved by Committee on clanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease "Senile," etc.), "Dropsy, etc. The contributory valvular heart disease Nomenclature Always qualify all Measles;

permanently filed. nswered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions and must be obtained before the certificate is

BURLAU

Y.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (to state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (a) the kind of work and also (b) the Locomotive engineer, (b) Grocery, Wom-

spinal meningitis"); Diphtheria avoid use of "Croup" EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the to time and causation), using always the same accept. Typhoid (the only definite synonym is "Epidemic cerebro". I meningitis"); Diphtheria (avoid use of "Croup"); oid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopucumonia for the same disease. Examples: Cerebrospina, ("Pneumonia," Dian

> WAmerican Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL sopticuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Committee on ('hronic etc. valvular heart disease; Nomenclature The contributory Sarcoma, etc., of Measles ;

Mata is esse If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the rate is essential and must be obtained before the certificate is

nently filed

PLACE OF DEATH County//www. Registration Dist. No. eriy classif St.: Ward) 2FULL NAME proper PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 0 may be WIDOWED. OR DIVORCED should (Write the word) (Month) 6 DATE OF BIRTH that le1 See instruction (Month) (Day) (Year) 7 AGE If LESS than 1 day hrs. The CAUSE OF DEATH \* was as follows: terms ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry busineas, or establishment in \_ ...(Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF FATHER 0 11 BIRTHPLACE OF FATHER S (State or country 20 Accidental, Suicidal or Homicidal, 12 MAIDEN NAME OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds. In the OF MOTHER (State or Country) Ö Where was disease contracted, MY KNOWLEDGE if not at place of death?.... Former or usual residence... Every Its CIANS statement ADDRESS

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street ond number.)

MEDICAL CERTIFICATE OF DEATH I HEREBY CERAIFY, That I attended the deceased from that I last saw h \_\_\_\_aiive on \_\_\_\_\_, 192..... and that death occurred on the date stated above, at \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as rull laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b)

Statement of Cause of Death—Name, first, the DISEARC CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, American Medical Association.) approved by Committee on Nomenclature of the "PUERPERAL septicacmia," "PUERPERAL peritonitis, "(Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine dcfinitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y Chronic van The valvular heart disease; contributory

PLACE OF DEATH	STATE OF MARYLAND
County Wisomics	CERTIFICATE OF DEATH
Country for fire of the South of the block with the second	122
7. 1. 1. 1	Registration Dist. No. 322
Village or City/lean Salsaus No.	St.: Ward) (If death occurred in
2FULL NAME Josephine Vennie	Mary a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED (Write the word)	16 DATE OF DEATH  Opril 30, 1920  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I aptended the deceased from
Sept. 3, 1850 (Month) (Day) (Year)	that I last saw her alive on this 30, 1920.
7 AGE   IfLESS than	11 200
l day hrs.	The CAUSE OF DEATH * was as follows:
79 yrs. 7 mos. 27 ds. or min.?	was as follows:
B OCCUPATION	
(a) Trade, profession or At Normal	s ()
(b) General nature of industry	100000
business, or establishment in which employed or (employer)	Mous Nyhukovaration) ATT mow de.
	Contributory
9 BIRTHPLACE (State or country)  Mansland	Secondary Bright (Duration) for one Inches laws as
10 NAME OF STATHER	(Signed) Tis. M. Fods M. D.
Delvery Direction.	5/2 1923 O (Address) Salisbry Mil
OF FATHER	
Z (State or country) Mary Land.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a Nontrani	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs. Jaul Hayman	Former or usual residence
(Address) Salisbury Mide	Warmer farm May 1930
Filed May 419230, & May June	The Hill of Homes on Solidar 1 Mil
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more Dianus are needed, address State Registrat	, 10 W. Saratoga St., Daito., Requesting V. S. 116. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropay," "Heart failure," "Haemorrhage, Chronic valvular heart disease; nephrilis, etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart lauure, "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstilial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, pcrilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; nephrilis, etc. The contributory

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred In

2FULL NAME Matter Or In	ward) a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mal White Single, MARBIED WILDWEST OF MARBIED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
TE OF BIRTH  (Month) (Day) (Year)	that I last saw har alive on apr 30, 1930,
1 Jan 1 4	and that death occurred on the date stated above, at 8,2 0. Am.
69 yrs. 10 mos. 15 ds. or min.?	Jaginal Concer
Trade, profession or ticular kind of work	
General nature of industry/ iness, or establishment in ich employed or (employer)	Duration) Star mos de.
State or country) Maryland	Contributory Secondary  (Duration)
O NAME OF James W. Kent	(Signed) N. D. Walls M. D.
OF FATHER (State or country)  2 MAIDEN NAME	*State the Disease Causing Death, or, in Joaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Jean E. Rofulson	8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
S BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) M. J. Kent Mouis	if not at place of dea.h?
438 Himotare Eine Pa.	Pareno am. Pare of Burial May 2, 1930
iled May 2 1930. J. May Junes Registras	Itoloway + 6 Salishy Ma

S. No. 1



(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should he used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. husiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a er," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not he stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping approved hy Committee on Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart Nomenclature Always qualify all disease;

PLACE OF DEATH  County (1) romics	07090 STATE OF MARYLAND CERTIFICATE OF DEATH
~	Registration Dist. No. 333
Village or City Trutterick No.	St: / Ward) (If death occurred in a hospital or institu-
2FULL NAME Milton Mo	tion, give its NAME institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male a COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
G DATE OF BIRTH  Oyarl   1908  (Ionth) (Day) (Year)	that I last saw h Malive on 1950,
7 AGE  2 2 yrs. 2 mos. 15 ds. or min.?	and that death occurred on the date stated above, at 5 m.  The CAUSE OF DEATH * was perfollows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos/Ods.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  Duration Inos. de.
11 BIRTHPLACE OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER  13 BIRTHPLAGE OF MOTHER  OF MOTHER	Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)  At place  In the
(State or Country) // Caryland	of deathyrsds. Stateyrsds. Where was disease contracted,
(Informant) Jam as Brownutow	Former or usual residence
(Address) Fruitland	Fruittand Cemetery June 18, 1930
Filed June 1819230, V. May Junes Registras	James J. Stewart Salisbury
If more banks are needed, addre.s Ltate Kegistrar.	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

#### her beach

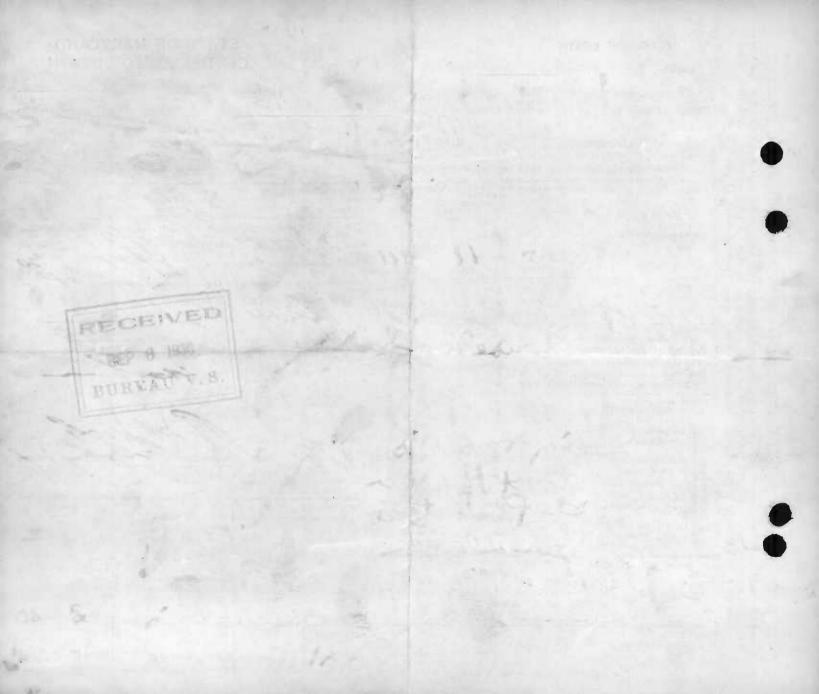
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective cf fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). specifically the occupations of persons en-For persons who have no occupation (6) Automobile factory. The (6) The quesmaterial Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease "," "Coma," "Convulsions, etc. The contributory valvular heart disease;



V. S. No. 1

	PLACE OF DEATH County Musmus	10805	STATE OF M	
v	illage or City falishay (No. Permaula &	General Horpide	Registration I	(If death occurred in a hospitel or institu- tion, give its NAME in- steed of etract and
-	2FULL NAME PULL / PLANNE / NA	ms	***************************************	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE O	F DEATH
3	Sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	SA.	(Day) (Year)
6	DATE OF BIRTH New 15, 1900.	that I last saw h	CERTIFY, That I atte	anded the deceased from
7	(Month) (Day) / (Yesr)  AGE  1		rsd on the date stated H * was as follows:	above, at
K	OCCUPATION (a) Trade, profession or al Home particular kind of work (b) General nature of industry			
1	business, or establishment in which employed or (employer)		(Durstion)	yrsmosde.
9	State or country) Sulaware	Contributory Secondery	(Duration)	yrs de.
	10 NAME OF Charles Theans	(Signed) 1 2 1921		why my
STNT	(State or country)		sease Causing Death,	
PAR	12 MAIDEN NAME		SIDENCE (For Hospit	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)  Maugland	At place of deathyrsm	os. 3. ds. In the	The well
14	(Informant) Line to the BEST OF MY KNOWLEDGE	Where was disease contrif not at place of dead Former or ususl residence	Microie	Ce mil
	(Address) Salishung MA	19 PLACE OF BURIAN	by Felicion	1/5/30 <sub>19</sub>
12	Filed Seft 1920. Q. May Jumes	20 UNDERTAKER	John S.	Salishuy, M.
11-	If more branks are needed, address State Registrar	r, 16 W. Seratoga St., I	Balto., Requesting V. S	. No. 1. //

(Approved by U. S. Census and American Public Health Association.)

er," etc., william laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day single word or term on -Coal mine, etc. Wom-The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." (secondary or intercurrent) "Atrophy," "Collapse," "Coma, peritonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. valvular heart disease; Nomenclature The contributory " "Convulsions,

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING IUNFADING INK--THIS IS A PER WHENT R NET, WITH UNFADING INK--THIS IS A PERM WRITE P

V. S. No. 1

Dr. Be	
PLAGE OF DEATH County // Commico	3 CERTIFICATE OF DEATH
Village or City Salishing (No. P.S. H	Registration Dist. No. 333  St.: 13 Ward) (If death occurred in patitus
2 FULL NAME Infant of Willis	a hospital or Institu- tion, give Ita NAME In- stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single Married.  White Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Moph) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF BEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Suy Thru
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsds.
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  (Durtish Agore 2 mos de
10 NAME OF William E. Muis	(Signed) James M.D. Address) Jalunha M.D.
11 BIRTHPLACE OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Paulile Ellis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mayland	At place In the of deathyrsmosds. Stateyrsmosds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST BY MY KNOWLEDGE	if not at place of death?
(Informant) (Address) Maylor st. Salishing Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rug 29, 1030
15 Filed lug 24 19230 & May June	20 gindertaker + 6. Salishing Md.
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The materia (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

		Or.	mann
X	act 1	PLACE OF DEATH	5422 STATE OF MARYLAND
JX.	XX	County Micomico	(52) CERTIFICATE OF DEATH
	ed.	MINISTER DEBPORTED TO THE PARTY OF THE PARTY	Registration Dist. No. 333
ORD	EXACTLY riy classifi ificate.	Village or City Salishury (No. 409 /2 2FULL NAME John J. M.	Records  St.: J Ward)  a hospital or institution, give its NAME in stead of street and number.)
	ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG	ald be standard back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUE WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
A PER.	ACE shoul that it ma tions on b	6 DATE OF BIRTH  Mac - 8 , 1870  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 6 100 to 2 2 , 130 that I last saw h alive on 2 / , 19236
ED FOR	ms so the	7 AGE  54 yrs. 9 mos. 14 ds.   If LESS that   I day hr	s. The CAUSE OF DEATH * was as follows:
ERVE	y supp ain ter See i	a) Trade, profession or Painter.	
N RES	in pl	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Limit Mayilo arthuring Secondary
ARGI	uld be care DEATH	(State or country) Maryland  10 NAME OF FATHER  A STATE OF THE OF	(Signed) / Sura / Man M. D
M VITH U	USE OF	of Father (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
÷	matio e CA	of Mother Mancy Massey.	Accidental, Suicidal or Homicidal,  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
Z	stat	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place In the of death yrs mos ds. State yrs mos ds
TE P	should ent of 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRI	Every ite CIANS s stateme	(Address) 709. Record st. Salishung	Md. Memorial Park Em Dec 24, 1930
S. No. 1	西 の の の の	Filed Dec 24 19230. J. May Jume Registrar	20 ONDERTAKER TO. Salishing MA
>	2	If more bianks are needed, address State Registi	rar, 16 W. Saratoga St., Salto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties laborer, Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furner (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Duy (b) Automobile factory. The materia For persons who have no occupation Loborer--Coal mine, etc. Wom-(b) The ques-Grocery

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted the first for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"), Lobor pneumonia, Bronchopneumonia ("Pneumonia")

(Recommendations approved by Committee on tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of American Medical Association. carbolic acid-probably suicide. The n.ture of the injury, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicocomia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train "Atrophy," "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; on statement Chronic valeular Nomenclature of cause of Always qualify all heart diseose; not be

	PLACE OF DEATH County	05974 STATE OF MARYLAND CERTIFICATE OF DEATH
	11:1 210 1	90 Registration Dist. No. 333
	Village or Cillabetury (NJ: W- 1.	St.: Ward)  (If deeth occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	A COLOR OR RACE 5 SINGLE, WARDED, OR DIVERSED WITH (Write the word)	16 DATE OF DEATH May 9 , 1980 (Month) (Day) (Year)
	DATE OF BIRTH July 28, 1852	17 I HEREBY CERTIFY, That I attended the decessed from 1920to M. J., 1920 that I lost sew bloom on the second seco
	7 AGE	and that death occurred on the date stated above, at 5.30, 1 m.
>	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Olimphing cardiles (Duration) 1 fro. mos. do.
	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration) yrs mos ds,
	10 NAME OF FATHER William SKLS	(Signed) Please M. D.
	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*Sate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	OF MOTHER HUBE Survey  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)  At place of deathyrs
1	(Informant) Lesson J. Smith	Where was disease contracted, if not et plece of death?  Former or usual residence
	(Add Salistery Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL My 21, 130
	Filed May 2/1920. L. May Jurner	Hollowayt Co Salishung Med.
1	If mora blanks are needed, address 2 tate Ragistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Exhaustion, perilonaeum, etc., Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy,
," "Heart failure," "Haemorrhage, Carcinoma, Sarcoma, etc., of

V. S. No. 1

- 5	
TYS Exa	
d.	
LY, Iffle	
CT	ė.
CL	icat
ed	rtif
tat	Ce
9 9 9	S O
id k	ac
M	n K
s sr	38.0
ACE	tion
d.	truc
plie	ns
sup tel	99
lly 8	r.
eful n p	tan
H.	por
be EAT	Ξ
P	ery
hor	00
n S USE	2
CAI	7
T e	A
nfo	บี
to pi	0
me iho	nte
SS	E E
N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
NO.	o)
m	
Z	

	PLACE OF DEATH County	90	0.3409	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33
Vil	age or City Hebron, R.D.			St.: Ward) (If death occurred in a hospitul or institution, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL	. PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3 5	Male White OF	NGLE, ARRIED, Single DOWED, Single R DIVORCED (rite the word)	16 DATE OF DEATH	March IO I9,3092 (Year)(Month) (Dsy) (Year)
6 [	ATE OF BIRTH (Month)	(Day) ,T d 7.4 (Day) (Yesr)	that I last saw h	24/1976 to Mules 10, 1923
7 A	GE	If LESS than I day hrs. I ds. or min.?		rred on the date stated above, atm  TH * was as follows:
4	CCUPATION  1) Trade, profession or Farm	pa r		
72	orticular kind of work state of industry isiness, or establishment in hich employed or (employer)		Contributory Secondary	(Duration) yrs. mos. de
9 5	O) General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  10 NAME OF FATHER Levin B. Newto		Contributory Secondary  (Signed) 7 61	(Duration) yrs mos de
9 8	OF MOTHER  OF MOTHER  AND COMPANY  AND COMPA	on	(Signed)	(Duration) yrs mos. ds  (Address) M. D  (Address) Death, or, in desths from tate (1) Means of Injury and (2) Whether or Homicidal.  SIDENCE (For Hospitals, Institutions, Translations)  In the
PARENTS	OF FATHER  (State or country)  Md  10 NAME OF FATHER  LEVIN B. NEW to  11 BIRTHPLACE OF FATHER (State or country)  Md  12 MAIDEN NAME OF MOTHER SATAH J. CA  13 BIRTHPLACE OF MOTHER (State or Country)  Md  14 MAIDEN NAME OF MOTHER (State or Country)  Md  15 MAIDEN NAME OF MOTHER (State or Country)  Md  16 MAIDEN NAME OF MOTHER (State or Country)  Md  THE ABOVE IS TRUE TO THE BEST OF	tlin MY KNOWLEDGE	(Signed)	(Duration)
PARENTS	OF FATHER  (State or country)  Md  10 NAME OF FATHER  LEVIN B. Newto  11 BIRTHPLACE (State or country)  Md  12 MAIDEN NAME OF MOTHER  OF MOTHER (State or Country)  Md  13 BIRTHPLACE OF MOTHER (State or Country)  Md  14 MAIDEN NAME OF MOTHER (State or Country)  Md  Md  Md  Md  Md  Md  Md  Md  Md  M	tlin MY KNOWLEDGE	*State the I Violent Causea, a Accidental, Suicidal  IB LENGTH OF RE ients or Recent Re At place of death yrs	(Duration)

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms); (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart Always qualify all Measles ; not be disease;

De Mann STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h alive on (Day) (Month) (Year) and that death occurred on the dote stoted above, at . 76. 7 AGE IIf LESS than The CAUSE OF DEATH \* was as follows: I day hrs. (a) Trade, profession or particular kind of work 6 (b) General nature of industry ā business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF 30 FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidsl. (State or country) 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) d stat 13 BIRTHPLACE In the At place OF MOTHER ...yrs.......ds. (State or Country) Where was disease contracted, if not at place of death?. 14 THE ABOVEAS TRUE TO THE usual residence s DATE OF BURIAL PLACE OF BURIAL OR REMOVAL Every CIAN stater ADDRESS Registror If more bianks are needed, address State Registrar, 16 W. Saratoga St., Bato., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Architect, Locomotive engineer, 6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc.; Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The Nomenclature of the Always qualify all contributory

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. assifie (If death occurred in Village or City\_ a hospital or Institu-tion, give its NAME is stend of street and number.) 2FULL NAME per PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 0 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDDWED. OR DIVORCED (Write the word) (Day) (Month) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw her alive on ... (Month) (Day) (Year) and that death occurred on the date stated above, at IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows 8 OCCUPATION (a) Trade, profession or particular kind of work. a (b) General nature of industry d business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE deaths from Causing Death, or, In OF FATHER \*State the I is ase Violent Causes, state (1) Means of Injury and (2) Whether Z (State or country) 20 Accidental, Suicidal or Homicidal. Total 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans OF MOTHER 90 ients or Recent Residents) 13 BIRTHPLACE In the At place 0 OF MOTHER WO of death ......yis. ......mos. (State or Country) 00 Where was disesse contracted, Every item or CIANS should statement of ( it not at place of dea h? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence (Informant) PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS 20 UNDERTAKER 15 If more b.anks are needed, addre a Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

ESE

œ

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), st\_ted unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, aceident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) by Committee on Nomenclature of the cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic etc. valvular heart disease; The contributory

ż

1PLACE OF DEATH	© 09658 STATE OF MARYLAND
County Julie muset	CERTIFICATE OF DEATH
WITH THE PERSON WITH THE PERSO	Registration Dist, No. 333
Village or City Salisbury (No. Per.	Yeul (ospital Ward)  (If death occurred in a hospital or Institution, give its NAME instead of street and
2FULL NAME Cathel Mich	hals number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, MARNIES OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h palive on fifther, 1920,
7 AGE    If LESS than   I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work  Labour	Mittel Spenso
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Zyrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Burefion)
10 NAME OF Sleek Michaels	(Signed) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Slegabeth wilson	AB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs disease restracted.  In the State yrs plos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Elij. Helols	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Spallsverry Mg	20 UNDERTAKER ADDRESS
Filed Mig 7 19290. O. May Mille Registrar	Mrsted Messich & Sono Berolul
If more branks are needed, address State Registrate	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, tion applies to each and every person, irrespective of Foreman, For many occupations a especially in industrial employments, it is necesor At Home, and children, Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborersingle word or term on -Coal minc, etc. not gainfully em-(6) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic and consequences (e. g., sepsis, etc. valvular heart The contributory Always qualify all disease;

County State Count	STATE OF MARYLAND CERTIFICATE OF DEATH	
	Registration Dist. No. 33/	
Village or City fran Jelleson (No.	St.: Ward) (If death occurred in a hospital or institu-	
2FULL NAME Alaggil fallingh	tion, give its NAME is stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)	
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 193 to 193 for that I last saw h Malive on 192 for 192 f	
7 AGE	and that death occurred on the date stated above, at	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs. mos. ds.	
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed)	
12 MAIDEN NAME OF MOTHER GALLEN YALLISTE (State of Country) Q. Q.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos ds.	
(Informant) Playanin Palmer	Where was disease contracted, if not at place of death?  Former or usual residence	
(Address) Heleva Jud	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  ADDRESS	
Filed (m) 1938 Mis XIII WELLER Registrar	16 W. Saratoga St., Balto, Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-I'or many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery,

Strtement of Cause of Death—Name, first, the DISEAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

answeregin detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is

permanently filed.

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ". ('Inanition,'" "Marasmus,'" "Old Age,'" "Shock," "Uraemia,'" "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-American Medical Association.) If this certificate is looked over thoroughly and a l qu stions FOR VIOLENT DEATHS state MEANS OF INJULY cough; for malignant neoplasms); Measles; Chronie etc. affection need not be valvular heart Always qualify all The contributory disease

	0	00	te
	×	0	eg
	Į.	-	5
	5	001	T
	at	00	Ce
	st	pr	of
	0	0	×
	74	7 7	SC
1	ĭ	0	Ö
1	0	≥	n
	(1)		8
	l:l	at	n
	0	무	tic
		0	nc
	D	(1)	tri
	116	Ë	SU
	dd	er	-
	2	+	9
	×	3	(V)
	-	p	1
	31	_	ar
	a L	_	L
	Ö	È	a
	90	A	7
	70	0	2
	3	ı	10/
	0	O	(0)
	S	占	_
	L	2	0
	tic	X	1
	D C		4
	r	100	C.
	150	(4)	O
	-	-	0
	o f	3id	4
	-	0	0
	en	Sil	in.
	44	(1)	ne
	Every Item of information should be carefully supplied. ACE should be state. EXAC	CIANS Should state CAUSE CF DEATH in plain terms so that it may be properly class	statement of OCCUPATION is very important. See instructions on back of certificate
	Ve	Z	tai
	i	0	00
	i		

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred In Ward) a hospital or institution, give its NAME I: stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED Write the word) (Month) I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH that I jast saw I (Month) (Day) (Year) IIf LESS than 7 AGE I day hrs. The CAUSE OF DEAT de. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ...(Durstion) ......yrs......mos.......ds. which employed or (employer) .... Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) .... 10 NAME OF (Signed). \*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of desth .....yrs.........ds. (State or Country) Where was disease contracted, if not at place of dea h?..... usual res.dence 19 PLACE OF BURIAL OR REMOVAL

If more b.anks are needed, addre.s :tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtircd 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman, person, irrespective of (6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrokpinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> approved by Committee on American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drepsy," ("E-haustion," "Heart failure," "Haemorrhage," st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons en, ployed, as At school or At home. ('are should be taken definite salary). may be entered a. Howevelle, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As comples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the bulliase calling beating Housemuid, etc. If the occupation has been changed gaged in domestic service for wager, as Servant Cook en at home, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Liborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oe For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day who are engaged in the duties of the For persous who have no occupation The material

Ease causing death—Name, first, the disease causing death—Name, first, the disease causing death (the primary affection) is respect to time and causation), using always the annear accepted term for the same disease. Examples: Constructed fever (the only definite synonym is "Thilestic representational meningitis"); Diphth ria avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia"): Lobar pheumonia, Bronchopheumonia ("Pheumonia").

quera ture as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or can be ascertained as the cause. "Uraemia" "Weaknes:" etc., when a defiuite disease unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The natrain accident: Revolver wound of head-homicide; State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 de. Never report mere symptoms or terminal ..... (name origin; "Cancer" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway "Purperal septicuemia." "Purperal peritonitis," vulsious. causing death), 29 ds.; Bronchopncumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" Numer clature of the American Medical Association.) (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conseof cause of death approved by FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, telanus) may be stated under the "contributory." "Debility" ("Congenital," "Senile," etc.), for malignant neoplasms); Meastes; (B'commendations on state-Example: Measles is less definite; avoid failure." "Haemor-Always qualify all Committee on (secoud-(disease not be (merely

Every item of information should be carefully supplied. ACE chould be stated EXACTLX, PHYSICIANS should existe CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU.2ATION is very important. See instructions on back of obtificate. CORD NENT BINDING PER WITH UNFADING INK--THIS IS A FOR RESERVED MARGIN WRITE H

V & No. 1

N. B.-

PLACE OF DEATH	02058 STATE OF MARYLAND CERTIFICATE OF DEATH
County Julie 30	Registration Dist. No. 337
Village or City // Andrease (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	y6 DATE OF DEATH
6 DATE OF BIRTH  (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 2-20, 1936 to 2 1, 1923, that I last saw h 2 alive on 2-2/, 1930,
7 AGE 43 mos. 13 ds. or min.?	and that death occurred on the date stated above, at & a m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	(Broncho)
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary (Duretion) yrs mos de.
10 NAME OF FATHER Marlin Dierce	(Signed) Salle Jule M. D. 2-2(1923 & Address) Nuttak W
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Washing	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Amm H. Mullere	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Market CAC	Manties Re My 2 - 24, 1970 PO UNDERTAKER DU ADDRESS
Filed 1920 Registral Registral	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

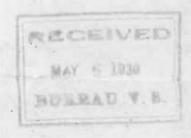
(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

BUREAU

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "('E.haustion,'" "Heart launus," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Ilaemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping approved by Committee on (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; ChronicExample: Measles (disease etc. The contributory affection need valvular heart Nomenclature Always qualify all disease; not be



	PLACE OF DEATH County July 1110	STATE OF MARYLAND CERTIFICATE OF DEATH
1	Mr. L.D. D	Registration Dist. No. 333
	2FULL NAME Emma Cuolis	St.: 3 Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
	6 DATE OF BIRTH  Much 74, 1855.  (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended the deceased from 192 Sto Community, 192 3 (
	7 AGE  75 yrs. 6 mos. 14 ds. or min.?	1520
	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yre. mos. do.
	9 BIRTHPLACE (State or country) Maugland	Contributory Secondary  (Duration)
	10 NAME OF HEAVY Mills	(Signed) Telles To Desgreen M. D.
	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Many Tilliams	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Mayland	At place of death yrs mos. ds. In the State yrs de.
	(Informant) 4. C. Slight,	if not at place of death?  Former or usual residence
-	(Address) Lalishung Md.	Oliver Credy Heren 10/10/30, 19
	Filed Oct-10 19230. J. May Turner	10 Hills Harn Co. Salishung M.
	If more branks are needed, address State Registrate	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimeance, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed (d) Grocery,

Statement of Cause of Death—Name, first, the pissase CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory valvular heart disease; Nomenclature ," "Convulsions, of the

Village or City Salishury (No. Penin	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 333  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Italy Single, Married, Widowed Strainer (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
S DATE OF BIRTH  July 8, 1856.  (Month) (Day) (Yesr)	1 HEREBY CERTIFY, That I attended the deceased from 1950 to 1950, that I last saw halive on 1950.
7 AGE  1 day hrs.  1 day hrs.  1 day min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
a) Trade, profession or Related famel  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Structory Dynamion Contributory Dynamion Jacobs March March Jacobs March
10 NAME OF FATHER P. Oliphank 11 BIRTHPLACE P. O.	(Signed)
OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)  Muy land	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
(Informant) Marign of Oliphant	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL, OR REMOVAL  DATE OF BURIAL
(Address) Salishung Mar.  15 Filed Nov 10 19230. V. May Jume Registrar	20 Ulpertaker Wills Orleans Indiahus, 20
1	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. household only (not paid Housekeepers who receive a " etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) For persons who have no occupation Automobile factory. The materia (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was undercan be ascertained as the cause. Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Always qualify all Measles; disease;

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Solesmon. (b) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Foreman, For many occupations a or Form loborer, Laborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed single word or term on not gainfully em-The ques-Grocery,

Statement of Cause of Death—Name, first, the DIS-EARLE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g., sopsis, totanus) may be rated under the head of "contributory." (Recommendation) on statement of cause of death approved by Committle on Nomenclature of the American Medical Acociation.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonocum, etc., Carcinoma, Sarcoma, etc., of occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, Chronic etc. valvulor heart The contributory disease;

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer Stationary preman, etc. Dut in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Physician, " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Salesman, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"Uraemia, " "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; by Committee on Nomenclature of the Chronic etc. valvular heart disease; The contributory "Dropsy,

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	03410 STATE OF MARYLAND
County / womens	CERTIFICATE OF DEATH
	Registration Dist. No. 333
7. The 1 P.O #	Registration Dist. No.
Village or City / Mull and (No.)	St.: Ward) (If death occurred in a hospital or institu-
9 000	tion, give its NAME in stead of street and
2FULL NAME Taking O DITT	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 NGLE.	16 DATE OF DEATH
Mal Williams	Much 16, 1030
Write the word)	(Year)(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
ling 28 , 1862	1500 to trace 6, 1925
(Month) (Day) (Year)	that I last saw h last ve on lesse 1923
7 AGE   If LESS than	The state of the s
17 6 18 I day hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION mos. 6 ds. or min.?	**************************************
(a) Trade, profession or	
(b) General nature of industry	John Fremonia
business, or establishment in	(Duration) vrs. mos O de
Which employed or (employer)	To the second se
9 BIRTHPLACE (State or country)	Contributory Secondary
Maryland	(Duration)ds.
10 NAME OF FATHER AS A POPULATION OF THE POPULAT	(Signed) Received M. D.
11 BIRTHPLACE	Light (192 Raddress)
of FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or Country) Maryland	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Huldas a. Ellett	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of death, yrs. mos. ds. State yrs. ds. ds.
14 THE ABOYE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
no. We make	Former or
p (Informative 7/- E. OOUNG	usual residence
Dof 4 hathsteutland Maryland	Thomas Orbine Cens. Mar. 18, 130
15 Filed Mach 1810311. Vr Mby Tunner	29-UNDERTAKER ADDRESS
Registrar	Hollowast Co. Salishing Mit.
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The (b) material Grocery,

Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," Liaemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Chronic interstitial nephritis, (Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Mcasles; disease;

No. m rô. Z

PLACE OF DEATH	STATE OF MARYLAND
County Wie series	② CERTIFICATE OF DEATH
	Registration Dist. No. 333
25 and 1000	
Village or City Sales Drung No. W. To	u. I suil St.: Ward Chaloring Christian in Institu
12. 0 Co. 1 2 0 11.	Parket tion give its NAME in-
Still Vorus	of Name   (Manumber,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Single	16 DATE OF DEATH
Fands Wille WIDOWED. OR DIVORCED	1980
(Write the word)	(Month)——(Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	4/14 1923 to 4/14 1936
4-14- 830	4
(Month) (Day) (Year)	that I last saw have on 1993
7 AGE   If LESS than	
O yrs. O mos. O ds. or O min.?	
B OCCUPATION	(10-10-6-0)
(a) Trade, profession or particular kind of work	( Taranga )
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yra. 6 mas da
9 BIRTHPLACE	Contributory 2
(State or country)	Secondary
10 NAME OF	Pose Cold
FATHER William Carrey	(Signed) M. D.
M 11 BIRTHPLACE	1920 (Address)
(State or country) Que Recover	*State the Disease Causing Death, or, in deaths with Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAME	
a of MOTHER EL ang area Corato Do Para	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrsmos., ds. State yrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Per Yearl Hospital	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Salisbury, Mrs.	Warras Church Cen apr 18, 30
15 Q. 16-21 147. 01	20 UNDERTAKER Cacting Appress
Filed Up 13 1950. F. May Junes	- Wilmen Parlett W. 21
Registral	XI wow Jango, Mil

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association)

fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Physician, Compositor, worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemard, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. Foreman, For many occupations a single word or term on yrs). For persons who have no occupation man, (b) Automobile factory. The material without more precise specification as Stationary freman, etc. But in many Architect, Locomotive engineer, Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fewer (the only definite synonym is "Epidemic eerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer never report "Typhoid Pneumonia"; Lobar pucumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, stated unless important. Example: Measles (disease use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by approved by (Recommendations on statement of cause of death Examples: Accidental drawning; Struck by railway train-American Medical Association.) .. (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Nomenclature for malignant neoplasms); Meusles; Chronic valvular heart disease; etc. The contributory Always qualify all not be etc., of

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be proportly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT BINDING PE A RESERVED FOR IS WITH UNFADING INK--THIS MARGIN WRITE S Ne. 1 N. B.--

PLACE OF DEATH	02060 STATE OF MARYLAND
County Twicomice	CERTIFICATE OF DEATH
	Registration Dist, No. 337
Village or City Manhiofe (No.	St.: Ward) (If death occurred in a haspital ar institu-
2 FULL NAME Sarah V. po	tion, give Its NAME In- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WILLOW OR DIVORCED (Write the word)	16 DATE OF DEATH 7 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
9 1/18 18 1841	, 192, 192,
(Month) (Day) (Year)	that I last saw halivo on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
I dayhrs.	The CAUSE OF DEATH * was as follows:
85 yrs. 6 mos. 2 4 ds. or min.?	
8 OCCUPATION (a) Trade, profession or	Chronic niphrilis
particular kind of work	no physicia in allerdare
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  Ouration  Ou
10 NAME OF	(Signed) Probond Valle R. M.D.
FATHER Joseph Durclay	2-11- 1930 (Address) Nuntropel
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF THE TAKEN	Accidental, Suicidal or Homicidal.  18 Langth of Rasidence (For Hospitals, Institutions, Trans-
a symbol and	ients ar Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs. mos. ds. State yrs. mos. ds.
(State or Country)	yen 2:
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	th not at place of dea h?
I I I fallier	Former or usual residence
(Informant) Office free Letter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Manlicatel	Mantierto Ma Och-125, 1270.
15 Filed Fet 17 1929 OP. WOOL FORD WALTE	20 UNDERTAKER  R. Mrs W. Massif & Sons Birale My
If more hanks are needed, addre a tate Kegistra	ir, 16 W. Saratoga St., Balto., Lequesting V. S. iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

en at home, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer—Coal minc, etc. Wom-home, who are engaged in the duties of the (b) Cotton mill; (a) Salesman, (b) Grocery; without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

"E haustion," "Heart Janus," "Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the "Congenital," "Senile," etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. valvular heart disease; The contributory Measles ;

S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Wiconico	CERTIFICATE OF DEATH
		Registration Dist. No. 382
1	Village or City Williards (No.	St.: Ward) (If death occurred in a hospitui or institu-
certificate	2FULL NAME Elijah Garson	tion, give its NAME is stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 1, 1930 (Month) (Day) (Year)
on k	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
S	juknown, 1879	unalyznata ,192
ction	(Month) (Day) (Year)	that I iast saw hoo alive on
rac	7 AGE   If LESS than   1 dayhrs.	
ns	51 yrsds. ormin.?	
See	Trade, profession or particular kind of work	Ehilehoy
126	(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
orte	which employed or (employer)	Contributory It 10st Ex Caushin
mp	9 BIRTHPLACE (State or country)	Secondary
7	10 NAME OF A	(Signed) C , 9 HOLLAY DM. D.
× v	FATHER Whu 13. Varsons.	(Signed) Solar M.D. S. Ut 5' 197 (Address) Bolom M.D.
ATION IS	OF FATHER (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER ANNA	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
כחה	13 BIRTHPLACE	ients or Recent Residents) At place in the
2	OF MOTHER (State or Country)  Of Mother (State or Country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
ent	(Informant) Mr Jawrence Adleus	Former or usual residence
atemen	B. J. No.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
tat	(Address)	Citto ville, md seft. 5, 1930
w	Filed Sept 5-1923 Teland. P. Junes. Registral	20 UN Berbage Berlin me
	16 mars have an analytic address that the interest	15 W. Seratoga St., Baito, Lequesting V. S. Lo. I.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is neces-Locomolive engineer,

Statement of Cause of Death—Name, first, the DISPERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrospinul sinal meningitis"); Diphtheria (avoid use of "Croup"); phoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

permanently filed.

data is essential and must be obtained before the certificate is

Exapproved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of death Letanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease;

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-(b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The (6) materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart I "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease ...... (name origin; "Cancer" is less definite; avoid (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) Chronic and consequences (e. g., sepsis, Example: Measles (disease " "Old Age, valvular heart disease; affection etc. The contributory need " Shock," not be death

MARGIN RESERVED FOR

V. S. No. 1

ITICALO.	Village or City Salishy (No 309 Homas	St.: 13 Ward)  Registration Dist. No. 333  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Ceu	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	Male White Street Wind the word)	16 DATE OF DEATH  (Month) (Day) (Year)
no suo	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I extended the deceased from 19230 to 2 , 19230 that I last saw harmalive on John, V , 1920,
Instruct	7 AGE  68 yra. 8 mos. 6 ds. or min.?	and that death occurred on the stee stated above, at
200	(a) Trade, profession or particular kind of work	Coccut Villians
Important	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contr
s very	10 NAME OF HENEY Parson	(Signed) Charles To Brown M.D.
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	OF MOTHER May 141600  13 BIRTHPLACE OF MOTHER (State or Country)  Mayland	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
	(Informant Show S. Parson	if not at place of dea.h?
	(Address 4. Hartings st. Balshy	Bethel Church Com Jan. 4, 1930
0	Filed Jan 4 1930. D. May Tunder Registrar	Howay + 6 Salishing Md
	If more blanks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken er," etc., nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebtospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart lauure, lauure, 'Shock," (Shock,") "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory death

8		PHYSI- d. Exact
	CORD	d EXACTEX
DING	ANENT	uld be state
OR BIN	IS A PE	ACE sho
ARGIN RESERVED FOR BINDING	UNFADING INKTHIS IS A PEL ANENT	Jid be carefully supplied ACE should be stated EXACTEX, PHYSI-DEATH in plain terms so that it may be properly classified. Exact
ARGIN	JNFADIA	uid be ca

PLACE OF DEATH	09659 STATE OF MARYLAND CERTIFICATE OF DEATH
County Welling	Registration Dist. No. 333
Village or City Saleshung (No 201) 2FULL NAME Matter & Para	St.: 9 Ward) (If death occurred in a hospital or institution, give its NAME in stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Q. Q. SINGLE, Married, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 HEREBY CERTIEY, That Attended the deceased from
(Month) (Day) (Yea)	that I last saw how alive on Mugast 3 192
7 AGE [If LESS t] day]	nrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Organic Steary Risease
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) /yra m-28 da
9 BIRTHPLACE (State or country)	Contributory Secondary  Duration of year mos.
10 NAME OF Warner Doniels	(Signed) MAUN ON STOWNE M. I.
OF FATHER (State or country)	*State the Discase Causing Death, or, In deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Cora Statches	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER And	At place of death yrsmosds. Stateyrsmosds.  Where was disease contracted.
(Informant)	if not at place of death?  Former or usual residence
(Address) Saluleng In	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OLO 6, 1930
15 Filed ang 6 1930. V. Way Jun	el Al Verral Rel 1
If more bianks are needed, address State Regist	trar 10 W. Saratoga St., Balto., Requesting V. S. No. 1.

13

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, the first line will be sufficient, e. g. Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Deal-Spiener work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enor given up on account of the DISEASE CAUSING DEATH business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed whatever, write None. Foremun, For many occupations a single word or term on Farm laborer, Loborer-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobike factory. The material without more precise specification as Day Architect, -Coul mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISCORNE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); sinal meningitis"; Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia.

inges, perilonaeum, etc., use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease Chronic interstitial nephritis, (secondary or intercurrent) affection "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Huemorrhuge, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing Whooping "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ..... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY curbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of clouus) may be stated under the head of "contributory." Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; resulting from childbirth or miscarriage as Chronic valudar heart Carcinoma, Sarcoma,, etc. The contributory need not discuse; etc., of

Village or City Salistury (No. E. Wille	St.: Ward) a hospital or institu
2FULL NAME Sallin M.	Pausons tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH 74 18 , 1330  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h last earlier on the last
7 AGE  1 If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Chrone Intested respects
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration)yrsmosds.
FATHER HENERY Parsons	(Signed) M. D.
OF FATHER  (State or country)  Mary Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Holls	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	ients or Recent Residents)  At place In the of death yrs disease contracted,
(Information Jugit Effect)  (Address husen st. Salisbury Md	if not at place of death?  Form por usual religions and the place of Burnal
Filed Fel. 20 1930. G. May Turner Registrar	20 UNBERTAKER + Co Salishy Md.
If more bianks are needed, address State Registrat	r, 16 W. Saratoga S., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). (b) Colton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The (6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease etc. The contributory Measles;

PLACE OF DEATH	A7A94 STATE OF MARYLAND
County Micomico	CERTIFICATE OF DEATH
	Registration Dist. No. 332
Village or City IgrsonslurgNo.	St: Ward) (If death occurred in
2 FULL NAME William P. C. O.	tion, give its NAME is steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wilder (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED. MAUNICAL WILDOWS (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  Oct 13, 1857  (Month) (Day) (Yeer)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920 to 1920 that I lest saw handlive on the saw handlive on 1930
7 AGE   If LESS than I day brs.	and that death occurred on the date stated above, at 0 2 m. The CAUSE OF DEATH * was as follows:
72 yrs. 7 mos. 28 ds. or min.?	CO DEATH WAS A TOROWS:
OCCUPATION (a) Trade, profession or particular kind of work	Genie Infentalak
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos de.
9 BIRTHPLACE (State or country) Wisconside (S	Contributory Secondary
FATHER Minos Ho. Parsons	(Signed) M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
of MOTHER Mary The Hearn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mise Hannah M. Garson	Former or usual residence
(Address) Parsonshing Md	Garages land Md June 1/3, 1930.
Filed June 13 1920 Leland J. Truitt	The Hill Johnson Co. Salisbury Md
If more bienks are needed, address State Registrar	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" (secondary or intercurrent) Whooping "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage," Chronic affection need etc. The contributory valvular heart disease; not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Day) 93 (Near) Write the word) Y, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH \* was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 1923 (Address) 11 BIRTHPLAC \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-4 OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State..... of death .... (State or Country) Õ Where was disease contracted, if not at place of death? Former or usual residence If more bianks are needed, address State Registrar, 16 W. Saratoga St. Baito., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, yrs). For persons who have no occupation without more precise specification as Doy (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," Whooping American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature Always qualify all disease;

V. S. No. 1

ACE OF DEATH

PLACE OF DEATH		00975	STATE OF N	
County Wicomico			CERTIFICATE	OF DEATH
		(129)	Registration I	Dist. No. 333
Village or City Allen (No. 2FULL NAME Elizabeth Ca			St: / Ward)	(If death occurred In a hospital or institu- tion, give its NAME is - steed of street and number.)
PERSONAL AND STATISTICAL PART	ICULARS	MEDIC	CAL CERTIFICATE C	OF DEATH
Female White Single, MARRIED, WIDOWEG	CEWidow		May 25th.	, 19 <b>2</b> 0 th(Day <b>l</b> 930(Year)
6 DATE OF BIRTH		17 I HEREB	CERTIFY, That I att	endfd the deceased from
**************************************	st., 1842		192 . to	124 30
(Month) (Day 7 AGE 87 yrs. 7 mos. 4	(Year)  [If LESS than I dayhrs. or min.?		rred on the date stated	above, al. 00 A. m.
(a) Trade, profession or particular kind of work At Home (b) General nature of industry business, or establishment in which employed or (employer)		- Jan	(Defation)	3 yrsde,
9 BIRTHPLACE (State or country)  Maryland		Secondary	(Duranas)	A53 de
10 NAME OF FATHER James Hancocl		(Signed)	OLANDALIS	by m.D.
OF FATHER (State or country)  Maryland 12 MAIDEN NAME 00. 0	1	*State the I Violent Causes, s	Disease Causing Death, tate (1) Means of Injoir Homicidal.	or, in deaths from jury and (2) Whether
of MOTHER Clisabeth 2	ulson		SIDENCE (For Hospit	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Marylar		At place of deathyrs	In the state tracted.	eds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNO	WLEDGE	Former or usual residence	· N /	
(Informant) Alonza G. Payne (Address) Pocomoke City, Ma	ryland.	Presbyteri Pocomoke C	an Cemetary ity.Md.	May 26th, 19.30
15 Filed May 25,930. & Mr.	Registrar	Demou !	11	Pocomoke City Maryland.
If more blanks are needed, addr	e.s State Registrar	, 16 W. Saratoga St.,	Baito., Requesting V. S	, No. 1.

AFAWE

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, or given up on account of the DISEASE CAUSING DEATH, ." etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, Locomotive engineer, veer, Stationary fireman, etc. But in many For persons who have no occupation 6 Automobile factory. The (b) Grocery; materia

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	PLACE OF, DEATH	07005	STATE OF MARYLAND
	County Niconico	1) 1 0 3 0	CERTIFICATE OF DEATH
		(31)	Registration Dist. No. 333
	Willage or City Janana Tung (No.		St.: 5 Ward) (If death occurred in
1	2 FULL NAME Daniel J. Pers	due	a hospital or institu- tion, give its NAME ir- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
	Male Mute Single, MARRIED, Married WIDOWED, (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
1	6 DATE OF BIRTH	17 I HEREBY	CERTIFY, That I attended the deceased from
	Month) (Day) (Year)	that I last saw h	19230 19230
	7 AGE [IfLESS than		
	l day hrs.		red on the data stated above, at
	/6 yrs. // mos. /2 ds. or min		
1	8 OCCUPATION (a) Trade, profession or	uchan	ogeory 1, 13.
1	particular kind of work # Turmer	ace & Fre	Kerenla Lang Octor
	(b) General nature of industry business, or establishment in		1/20
1	which employed or (employer)		(Duration)ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary	(D* )
	10 NAME OF FATHER LY MA DEAD A LEAD	(Signed)	Duration yrs mos ds.
	II BIRTHPLACE	1923	O(Address) Salister Lea
	(State or country) Maryland.	*State the D Violent Causes, st Accidental, Suicidal	is ase Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether
	TE 12 MAIDEN NAME  OF MOTHER  SI H	18 LENGTH OF RE	
H	13 BIRTHPLACE	ients or Recent Re	sidents)
	OF MOTHER (State of Country)	At place of deathyrsn	In the State yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont if not at place of dea.	racted,
	(Informant) Mrs. Mary E. Perdue	Former or usual residence	
	(Address) Tarsonskura, ma.	19 PLACE OF BURIA	LOR REMOVAL DATE OF BURIAL SP.
	15 0 24 21 1 11 Q.A.D.	20 UNDERTAKER	ADDRESS
	Filed fune 1990 . May Turner Registrar	The Hill & St	Amson as Palishus Med.
	If more blanks are needed, address State Registrar,	, 16 W. Saratord St.,	Balto., Requesting V. S. No. 1.
1			

(Approved by U. S. Census and American Public Health Association.)

work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

T	) Q	TLY, PHYSI- sified. Exact
MARGIN RESERVED FOR BINDING	WRITE F NZT, WITH UNFADING INKTHIS IS A PER ANENT CORD	BEvory item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	72	f informid state
4o. 1	WRITE	CIANS shoul statement of
	19	00

	PLACE OF DEATH County MULTON PO	STATE OF MARYLAND CERTIFICATE OF DEATH
	2. Q	Registration Dist. No. 333
	Village or City Saleslery (No. 2FULL NAME Halle Peters	Y. M. J., St.: Ward) (If death occurred in a hospital or Institution, give its NAME instend of atreet and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	SSEX 4 COLOR OR RACE SINGLE, Mondal MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
1	Mar 26 , 906	THEREBY CERTIFY, The Patternied the elecogood from 130 to Will No. 1936
	(Month) (Day) (Year) (Year) (Age of Month) (Day) (Year) (Y	and that death occured on the date stated above, at 6,30 Pm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work the profession of particular kind of work the particular kind of	(Duration) / yrs mrs da.
	BIRTHPLACE (State or country)	Contributory Secondary  Display  yrs
	FATHER John Johnson	Lyan Sto 130 (Address) Salisbury: Ma
	OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Pospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents)  At place of death yis
1	(Informatella Para Toluron	Former or usual residence
	(Address) Salesbury Try	Deal Sland, Md. Aug 26, 1930
1	Filed any 26 1930. b. Islay Junes	Jan Howard Salesbury my

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation - Precise statement of octhe first line will be sufficient, e. g.. Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Spiener, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Forceran, (b) Automobile factory. The material Physician, worked on may form part of the second statement. em at home, Laborer er," etc., Aever return "Laborer," "Foroman," "Manager." "Dealdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report business, that fact may be indicated thus; Furmer (re-Howsemuid, etc. If the occupation has been changed For many occupations a single word or term on Farm luborer, Laborer—Coal mine, etc. Womnome, who are engaged in the duties of the yrs). without more precise specification as Day Compositor, Architect, specifically the occupations of persons en-Stationary fireman, etc. But in many For persons who have no occupation Locomolive engineer,

Statement of CausStatement of CausEASE CAUSING DEATH (the prince)
to time and causation), using always the
ed term for the same disease. Examples: ('crebros preed term fo

use of "Tumor" for malignant neoplasus ; inges, perilonaoum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Huemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping can be ascertained as the cause. Always qualify all "Iraemia," "Weakness," etc., when a definite disease "PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as ..... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by rudhung traincurbolic acid-probably suicids. The nature of the injury, approved by Committee on Nomenclature (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus," "Old Age, " "Shock, Chronic valrular heart disease; etc. The contributory Mensles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 3

St.: 15 Ward)

(If death occurred in a hospital or institu-tion, give its NAME ir stead of street and

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH april 77, 1950.
(Month) (Day) (Year)
IT I HEREBY CERTIFY, That havended the deceased from
that last saw h last saw h live on last saw h live on last saw h live alive on la live alive on last saw h live alive on last saw h live alive on
and that death occurred on the date stated above, at 6.30 Am
The CAUSE OF DEATH * was as follows:
disonie Parenchymators
nephrilis
- 1 - A
(Duration) yrsmosds
Contributory Secondary
(Signed) J. C. Comany M. D. A. 28 193 (Address) Jebru
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the of death yrs mos ds. State yrs mos ds.
Where was disease contracted,
Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4/79/30 19
20 UN DERTAKER  ADDRESS
The Nell & Johnson Co. Selinbury, 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enetc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation mill; (a) Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; or intercurrent) affection need not Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of oc-Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Stationary firemun, etc. Locomotive engineer, But in many

EASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Diphtheria ("Pneumonia");

American Medical Association.) telanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suncide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmio," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition," "Marasinus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy" "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection used .... (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on for malignant neoplasms); Measles; Chronic valvular heart disease; Numenclature The contributory

If this certificate is Loked over thoroughly and a.l qu tions answered in detail, it will prevent further correspondence. . the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD ANENT MARGIN RESERVED FOR BINDING ALLY, WITH UNFADING INK-THIS IS A PE WRITE

V. S. No. 1

PLACE OF DEATH	05976 STATE OF MARYLAND
County A Exploration	CERTIFICATE OF DEATH
1	Registration Dist. No. 236
Village or City Nelmas.	St.: Ward) (if death occurred in a hospital or institu-
2FULL NAME JEOTGE 8, VI	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Males Without (Write the word)	(Month of Death May 14, 1930) (Month of (Day) 14, (Years D
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE / IIf LESS than	
1 day hrs.	
67 yrs. 6 mos. Ads. or min.?	Assis Palasis
8 OCCUPATION (a) Trade, profession or	) of the contract of the contr
particular kind of work 1 (Elised James)	
(b) General nature of industry	Less monto
business, or establishment in which employed or (employer)	(Durstion) mosde.
9 BIRTHPLACE	Contributory Pallan Dunkpan
(State or country) WEL,	(Duration) 2 yrs. mos. ds.
10 NAME OF A COLOR	(Signed) A. T. D. Nelly M. D.
FATHER//Klow hellips	The 11 th 1 Del
UN 11 BIRTHPLACE OF FATHER	1922 (Address) / Marian
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Olenar of willey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?
W & no! And!	Former or
(Informant) / W. Sallis Navis	ususi residence
(Address) Delmar, M.	Sharkfoure May 19
15 Filed May 14 192 0 4/25 burn	26 VADERTANER ASSOCIATION ASSO
Registrar	11. N. To avens 1 18 ways here,
lf more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an report specifically the occupations of persons en-Foreman, For many occupations a single word or term on 01 yrs). Farm laborer, Laborer-At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The -Coal minc, etc. not gainfully emmaterial Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Exhaustion," "Heart taute," "Old Age," "Shock," "Old Age," "Shock," (secondary Whooping ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealborer, Form laborer, Laborer—Coal minc, etc. Womreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH County / LOSMICO	02143 STATE OF MARYLAND CERTIFICATE OF DEATH
1, /	Registration Dist. No. 330
Village or City Joing TONE 6, Phi	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JERRAL Mike SINGLE, MARRIED, MADELLE L. SINGLE, MARRIED, MADELLE L. OR DIVORCED (Write the word)	16 DATE OF DEATH JEB 27, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  Mas 25, 1858  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 4 1929 to 71 eb 27 , 1923, that I last saw h 22 alive on 27 , 1923,
7 AGE  7 AGE  7 If LESS than I day hrs. or min.?  8 OCCUPATION (a) Trade, profession or Aouse hold dufies  particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF ATHER Athawel Walker	(Durstion) yrs. mos. ds.  Contributory Secondary  (Durstion) yrs. mos. ds.  (Signed) H. 6 Comanay M. D.  Freb 28 1970 (Address) Hebra
OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Dela Gravessor  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted,
(Informant) Relief of MX KNOWLEDGE  (Informant) Relief of MX KNOWLEDGE  (Address) Riveston, M.	Where was disease contracted, if not at place of dea.h?  Former or usual residence  19 Tide of Burial Or REMOVAL  Marcela  19 Tide of Burial Or REMOVAL  Marcela  19 Tide Of Burial Or REMOVAL  Marcela  19 Tide Of Burial Or REMOVAL
File Mar 2 192' M all Mistoria	Topogetaker The Thasplown.
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (rcto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman, without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Stationary fireman, etc. A utomobile factory. The not gainfully em-But in many 6 materia Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" stated unless important. American Medical Association.) "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic or intercurrent) affection measures (disease important. Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURKAU

STATE OF MARYLAND

RESERVED MARGIN PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day (a) Foreman, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), usin always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," Never report mere symptoms or terminal condicough; Chronic vdlvular etc. The contributory Nomenclature of the Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

E S	
stated EXACT properly class of certificate.	
Xoo	
rly E	
pe	
ro	
960	
ck	
ay ba	
25 =	
E H	
Dat on o	
Ati	
- son	
ns is	
ign	
te te	
yeain	
n put	
Inta	
O Ta	
P A	
hould be carefully supplied. I	
ulo 100/	
င္လီပင္က	
O M -	
000	
Total	
For	
CC	
0 = n	
of old	
-Every Item of Information should be carefully supplied. ACE should be stated EXACTICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classistatement of OCCUPATION is very important. See instructions on back of certificate.	
ite ser	
N S	
Ver tat	
m O o	
m	
N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTL CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classistatement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH  County // Comments	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City allen (No. 1872 C	Mard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OLIGHAN 5 , 1920 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE  If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry busineas, or eatabliahment in which employed or (employer)	Stillbarn (Duration) yre moe de.
9 BIRTHPLACE (State or country)  1 10 NAME OF	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)
FATHER Clarence Jolk	(Signed) JULI OVIL M. D. 9-18 1930 (Address) Salisbury, Md
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address)	19 PLACE OF BURIAL OR BETTAVAL 9-5, 1830
Filedslep. 30 1936. V. May Tweel. Registrar	None Employed ADDRESS
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

30

29

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan!, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Civil engineer, business, that fact may be indicated thus; Farner (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

obtained befor the cert

befor the certificate is

stated unless important. approved tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Erhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Associat If this certificate is "Atrophy." "Collapse," "Coma," "Convulsions, by Committee cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease they thor etc. The Nomenclature of the contributory

raot ING AINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH'

	PLACE OF DEATH'	03411 STATE OF MARYLAND	
	County Wiconico	CERTIFICATE OF DEATH	,
	STYRIS GORFORD CHRISTS OF	Registration Dist. No. 333	3
Vi		sula Gent Hospital Ward) (If death occurred a hospital or in tion, give its NAM	stitu lE in
6	Still FUEL HAME POCK,	allen Md stead of street number.)	and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3	SEX 4 COLOR OR RACE 5 SINGLE, single	16 DATE OF DEATH Missel 20 3	1
	male Cof WIDOWED. OR DIVORCED (Write the word)	Much 29, 193	
6	DATE OF BIRTH	(Month) (Day) (Yes	
	March 29 1930		2
	(Month) (Day) (Year)	that I last saw halive on, 19;	2
r .	AGE Stillborn   If LESS than I day hrs.	and that death occurred on the date stated above, at	IYI
	yrs. mos. ds. or / min.?	The CAUSE OF DEATH * was as follows:	
	OCCUPATION (a) Trade, profession or		
JE	particular kind of work		
	b) General nature of industry pusiness, or establishment in	(Duration) vs. mos	J-
-	which employed or (employer)	Contributory	
9	(State or country) Wiscomics Co. Md.	Secondary	
	10 NAME OF	(Signed) (Duration) yrs	ds
	FATHER dra folk	3-1930 (Address) Salisbury Ist	رامسان
ENTS	OF FATHER (State or country) allen, MS	*State the Disease Causing Death, or, in deaths froi Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	m er
AR	OF MOTHER HENNELLA Collinary	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, T	rans
-	13 BIRTHPLACE	ients or Recent Residents) At place In the	
	OF MOTHER (State or Country). Alley M.	of deathyrsmosds. Stateyrsmos	,de
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	De le fil 71. Tal	Former or usual residence	
	(Informant) 1 0 441. All OM No 1 HAD 674 ALL		
	(Informant) Tew. Teach Hospital	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA	L
	(Address) Salisbury My	allen Cen. Mich 30 19	30
15	O D B I This	100 10 10 10 20	36
15	Filed Mich 291930. & May Tunner Registrar	allen Cen. Mich 30 19	30

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day Jaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, / For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b)For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te in for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhnid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbalic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Puerperal septicuentia," "Puerperal pertonitis," etc. can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar: or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular affection need ete. The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institu-tion, give its NAME instend of street and number.) d PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCE (Write the word) I HEREBY CERTIFY, That Lattended the deceased 6 DATE OF BIRTH 0 that I last saw hat alive on ...... (Dav) (Year and that death occured on the date stated above, at 7 AGE IIf LESS than I day hrs The CAUSE OF DEATH \* was as follows: RESERVED ds. or min.? OCCUPATION (a) I rade, profession or particular kind of wark (b) General nature of industry business, or establishment in (Durstion) ..... which employed or (en Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER \*State the Disrase Causing Peath, or, in death Violent Caus s, state (1) Means of injury and (2) death FNA (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Trans-4 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos. ds. State. 0 Where was disease contracted, if not at place of death?... of shoul CIANS sho usual residence. DATE OF BURIA PLACE OF BURIAL OR REMOV EVELY 15 If more beanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only and paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesf ilness of various pursuits can be known. The quescapation is very important, so that the relative health Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm leborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Laborer--Coal mine, etc. Womnot gainfully em-(b) Grocery;

s in al meningitis"); Diphtheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia" fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. E. amples: Corebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory" carbolic acid-probably smeide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PJIRPERAL septicaemia," "DERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite dicease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by (Recommendations on statement of cause of as fraeture of skull, and eonsequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDA., can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Whooping cough: unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Caneer" is less definite; avoid cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), Committee on Chronic Carcinoma, Sarcoma,, etc. valvular heart disease; affection need not be Nomenclature The contributory Measles; etc., of

answered in derail, it will prevent further correspondence. . . the data is essential and must be obtained before the certificate is permanently filed. If this certificate is I oked over thoroughly and a l qu tions

PLACE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME is stend of street and number.) **2FULL NAME** propert PERSONAL AND STATISTICAL PARTICULARS EDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED hould (Write the word 6 DATE OF BIRTH I HEREBY CERTIFY That I attended the deceased from instructions that (Day) 7 AGE Ilf LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in mporta which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA 10 NAME OF OO (Signed) FATHER 11 BIRTHPLAC OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-K OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ......yrs......mos......ds. (State or Country) should Where was disease contracted, of if not at place of death?... Every item CIANS sho statement usual residence DATE OF BURIAL If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Malto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

RESERVED MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queshusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) For persons who have no occupation Automobile factory. The <u>(6)</u> material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can he ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BIN

PLACE OF DEATH	STATE OF MARYLAND
County Wicomico	199 0855 CERTIFICATE OF DEATH
Per	of Yeul Hospil Registration Dist. No. 333
Village or City Salisbury (No.	Ward)  (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
- TOLL NAME 90 TOLL TOURS	number,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White SSINGLE. MARRIED & Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 13 , 1980
6 DATE OF BIRTH CAN. 28 , 1904	17 G I HEREBY CERTIFY, That I extended the deceased from 192 9. to 192 9.
(Month) (Day) (Year)	that I last saw har alive on Jane 13, 1930,
J J yrs. mos. 15 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Leve wire hum: accidental cusa mon 14 do.
9 BIRTHPLACE (State or country) Puncias Onn Md	Contributory Secondary  Ouration)  Jyra, Jimos, Ids.
FATHER Um. Porter	(Signed) M. D.
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O O O O O O O O O O O O O O O O O O O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cicie - Y//illo 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country).	of deathyrsmosds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. Ruth P. Hall	Former or usual residence
(Address) mariox md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan 141930, & May Surner Registrar	E. J. Malain Daness
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servaut, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material As examples: (a)(b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; l'oisoned by State cause for which surgical operation can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar/ or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e g., sepsis, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi " "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is elsential and must be obtained before the certificate is permanently filed

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servout, Cook, Housemoid. etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (o) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs ... For persons who have no occupation Farm laborer. Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material (6) Grocery,

Strtement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Brouchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. approved as fracture of skull, and eonscquences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Inanition," "Marasmus, Ou Age, "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart diseose; etc. The contributory

If this certificate is looked over thoroughly and all qu stinns answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Wicomics Registration Dist. No. Ward) (If death occurred in St.: a hospital or institution, give its NAME it stend of street and number.) roperly f certific PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH po 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. X 00 may be WIDOWED. 20 CR DIVORCED (Write the word) shouid That I attended the deceased 17 uo 8 DATE OF BIRTH terms so that i that onth) (Year and that death occured on the ghite stated above, If LESS than 7 AGE (1) I day hrs. The CAUSE OF DEATH supplie ds. or min.? 8 OCCUPATION (a) I rade, profession or particular kind of work w. (b) General nature of industry d business, or establishment in (Duration) which employed cr (employer) Contributory impo 9 BIRTHPLACE Secondary (state or country) EA (Duration) nid ۵ 10 NAME OF (Signed) la. 0 11 BIRTHPLACE ENTS \*State the Discase Causing Death, or, in deaths from OF FATHER OZ Violent Caus s, state (1) Means of Injury and (2) whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM œ 18 LENGTH OF RESIDENCE (For hospitals, Institutions, Transstate ccup/ ients or Recent Residents) 13 DIRTHPLACE In the At place OF MOTHER .. yıs...... mos. ..... ds. State yrs mos ... of death .... 00 Where was disease contracted, if not at place of death? should nt of Former or usual res.dence ... 0 0 (5) Every CIAN Stater If more b.anka are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

r

Ш

MARGIN

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: a additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e g. Fermer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. cases, especially in industrial employments, it is neces-Civil engineer. Stetionary fireman, et . But in many Physician, Compositor, Architect, Statement of Occupation Precise statement of oc whatever, write None. Housemaid, etc. laborer. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed Laborer-Coal mine, etc. Wom-Locomotive engineer, not gainfully em-6 Grocery;

spinal meningitis"); Diphtheria avoid use of 'Croup fover (the only definite synonym is ". T. pidemic cerebroed term for the same disc. se. E amples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia": vnewmonia. Branchopneumonia ("Pneumonia."

> American Medical Association. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. ingas, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid approved (Recommendations on as fracture of skull, and consequences (e.g., sej.sis, tetunus) may be stated under the head of "contributory". or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICITAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify :: Il "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by " Uraemia, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse. Never report mere symptoms or terminal condicough; by Committee on Nomenclature "" "Weakness," etc., when a definite disease Chronic statement of cause of Example: Measles (disease " "Coma," "Convulsions, valvular heart disease; etc. The contributory

answered in dutail, it will prevent further correspondence. . . . . he data is essential and must be obtained before the cartificate is permanently filed. If this certificate is looked over thoroughly and all que tions

(X)	SI-	PLACE OF DEATH	ODCCO STATE OF MARYLAND
CV	EX	County Micros	CERTIFICATE OF DEATH
	90.		Registration Dist. No. 333
ORD	ACTLY lassifie	Willage or City Selesby (No. J. 9, Kn	St.: 13 Ward) (If death occurred in a hospital er institu-
30	d EX	2FULL NAME Harold & Pow	stend of street and number.)
T	ate of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING	uld be st nay be pr	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Alonth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
OR BIN	ACE sho that it r	Calpril / 1 1930 (Month) (Day) (Year)	that I last saw handlive on and that doath occurred on the date stated above, at \$ 55 m.
/ED FC	ppiled erms so e instruc	7 AGE  If LESS than I dayhrs.  B OCCUPATION  B OCCUPATION	
N. Y	Se Se	(a) Trade, profession or particular kind of work	
RESE (G IN	refully in plai	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Affiliam 1178. ds.
FADIN	be ca EATH impo	9 BIRTHPLACE (State or country) micronio Co, Well	Contributory Manufacture Secondary (Duration) Legisland de.
MAR H UN	DF DIS very	10 NAME OF FATHER Ray Powells	(Signed) M. D. (Address) Sulish 2000
TIM	AUSE	State or country) Micronicals, hel	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
0	ormal ate C	of Mother agus he hell  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
J.	of inf	OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs
RITE	item S shou	(Informant) Ray Powell,	Former or usual residence Pittsvelle Luck  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
*	Every CIAN Stater	(Address) (Rittsinlle, )nd	Powell Cemetary Aug 23, 1930.
S.	en en	Filed lug 22 19230. Jr. May Sunte	Mm. Honward Hells, Tillsille, med
>	Z	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

SEP O 1930 BURYAU V.S.

V. S. No. 1

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE

PLAGE OF DEATH	09663 STATE OF MARYLAND
County Micomico	CERTIFICATE OF DEATH
7 Ma	Registration Dist. No. 333
Village or City Hutland (No. Xla	wland St.: / Wardy a hospital or institu-
2FULL NAME Louis C. Pret	217 Risin of tign, give its NAME in spend of street and Salishing Inchumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Starried WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Mony)  (Day)  (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
May 5 , 1901	1920. to 0/16 , 1920
(Month) (Day) (Year)	that I last saw h describe on
7 AGE   If LESS than   day	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
24 yrs. 3 mos. // de. or min.?	Suasen Death
B DCCUPATION (a) Trade, profession or	Probably auto deletition
particular kind of work (b) General nature of industry	of theat)
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  yre
10 NAME OF Robert Prettyman	(Signed) Clear M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in daths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
12 MAIDEN NAME OF MOTHER Dous Baker	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
Me Dai- Patt	Former or usual residence
(Address River st. Salishy Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL aug 18, 193
15 Filed Aug 18,10230. D. May June	20 UNDERTAKER Saliting Ald
If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthto report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condicough; Chronic valvular heart Example: Measles (disease etc. The contributory Nomenclature of the " "Convulsions, Measles; disease;

American Medicate in looked over thoroughly and a'l quretions auswered in detail, it will on went rether correspondence. All the data is essential and must be beauted before the certificate is permanently filed.



V. S. No. 1

N. B.

PLACE OF DEATH County Kionner	10808 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Salishing (No. B. D. #	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED.  Male White Married.  OR DIVORCED (Write the word)  6 DATE OF BIRTH  DENT. 24 1930	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 2 4 1923 to 9 192 192 192 192 192 192 192 192 192 1
(Month) (Day) (Year)	that Vlast saw h colive an Hill Com, 192,
7 AGE    If LESS than   I day hrs.   or hain.?	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Secondary  (Durstion)
10 NAME OF FATHER PLACE OF FATHER Maryland  State or country)  Maryland	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Click Mac Kelly 13 BIRTHPLACE OF MOTHER (State or Country)  Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Line Property (Addition) Hayland	Former or usual residence
15 Filed Sept 229230 V. Whose There	20 UNDERTAKER Hollowas & Co. Salishas MI

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Besto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pisfever (the only definite synonym is "Epidemic cerebro" to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,"

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condi-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic affection need not be etc. The contributory valvular heart

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. UII this certificate is looked over thoroughly and all questions

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesadditional line is provided for the latter statement; it Civil engineer. Physician, Compositor, Architect, Locomolive engineer, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an (a) Foreman, Smaner, worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a gaged in domestic service for wages, as Servant, Cook, Howsenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from to report specifically the occupations of persons enor given up on account of the disease Causing death. whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on (b) Cotton mill; (a) Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation At Home, and children, without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Salesman. (b) not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (crebrus pinal ed term for the same disease. Examples: (crebrus pinal sinal meningitis'); Diphtheria (avoid use of "Croup"); sinal meningitis'); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobur pueumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinomu, Sarcoma., etc., of . . . . . . . (name origia; "Cancer" is less definite; avoid use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart rance," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," can be ascertained as the cause. Always qualify all "Uraemia, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underaccident; Revolver wound of head—homicide; Poisoned by or as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, lelanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) " "Weakness," etc., when a definite disease for malignant neoplasms); Mecsles; Chronic valeular heart disease; etc. affection need not be The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	5	PHYS
7	CORD	and ACE should be stated EXACTLY, PHYS
ÜZ	IS IS A PEN ANENT	be stated be roper
FOR BINDING	PEN	should it may
OR	IS A	ACE o that
1	IS	0 0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Mulow Registration Dist. No. (If death occurred in a hospital or institu-tion, give Its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL/CERTIFICATE OF DEATH uctions on back of 4 COLOR OR RACE 5 SINGLE, AL 3 SEX 16 DATE OF DEATH OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTHIOLA (Month) (Day) (Year) and that death occured on the date stated above, at 7 AGE If LESS than I day hrs The CAUSE OF DEATH \* was as follows: wad accident, I mult amo ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) ..y:0,.... mos.,... which employed or (employer). Contributory 9 BIRTHPLACE Secondary (State or country (Duration) 10 NAME OF 11 BIRTHPLACE ENT OF FATHER SZ \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether P O (State or countr Accidental, Suicidal or Homicidal. R 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER State.. yrs.... mos... of death 0 Where was disease contracted, if not at place of death? of shoui 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho usual residence 19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL If more bianks are needed, address State Registrate 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Spinner, worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the definite salary), may be entered as Housewife, House Moyed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a gaged in domestic service for wages, as Samant, Cook tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed whatever, write None. report specifically the occupations of persons en-Foremann, For many occupations a single word or term on or Al Home, and children, not gainfully em-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobike For persons who have no occupation factory. The material -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: ("crebros pinul defenter") the only definite synonym is "Epidemic cerebros simul meningitis"; Diphtheria (avoid use of "Croup"); simul meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valendar heart disease; Chronic interstition nephritis, etc. The contributory use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Meuslos (disease (secondary or intercurrent) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-"Urnemia, "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death approved by Committee on Nomenclature American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) resulting from childbirth or miscarriage as ""Weakness," etc., when a definite disease for malignant neoplasms); Meusles; affection need not be of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the answered is essential and must be obtained before the certificate is permanently filed.



RESERVED

MARGIN

4

(Approved by U. S., Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive ongineer, Civil engineer, Stationary fireman, etc. But in many gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a OF yrs). Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. single word or term on not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Exhaustion," "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic etc. valvular heart disease; Always qualify all The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

RESERV MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., whatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic valvular heart Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer Farm lchorer, Laborer—Coal mine, etc. Wom-(a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report played, as At school, or At home. Care should be taken household only out paid Housekeepers who receive a en at home, Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tilliess of various pursuits can be known. The quescapation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). specifically the occupations of w s are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Architect, persons en-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., serwis, tetanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (seeondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origin: "Caneer" is less definite; avoid approved by Committee on and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY diseases Chronic interstitut nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train. Whooping "Atrophy" "Collapse" "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. ralmular Nomenelature The contributory Always qualify all heart Meastes, of the

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME is number.) PERSONAL AND STATISTICAL PARTI MEDICAL CERTIFICATE OF DEATH 5 SINGLE. A COLOR OR RACE 3 SEX 16 DATE OF DEATH (Day)... (Month) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) that I last saw h Lalive on IIf LESS than 7 AGE and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: mos. ds. or min.? ERVE 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE MARGIN Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 192 (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, An Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 回 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trens 4 OF MOTHER ents or Recent Residents) 13 BIRTHPLACE In the place OF MOTHER State. (State or Country) Where was disease contracted, 7 if not at place of death? = Former or usual residence. CIANS DDRESS If more bienks are needed, eddre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of laborer, Farm laborer, Laborer—Coat name, etc. 1901.
en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the Disbase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Uld Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranue, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping unqualified, is indefinite); Tuberculosis of lungs, menlclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Willown Registration Dist. No. Village or City fruille (If death occurred in a hospital er institution, give its NAME in-stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, Married 3 SEX 16 DATE OF DEATH WIDOWED. OR DIVORCED (Month) (Write the word) I HEREBY CERTIFY, That altended the decented from (Month) (Day) (Year) and that death occured on the date stated shove, at 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH \* was as follows: (a) Trade, profession or particular kind of work / a (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER \*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER State.. yrs..... mos... of death yrs...... mos...... ds. (State or-country 70 Where was disease contracted, if not at place of death? 0 usual residence. DATE OF BURIAL Every CIANS stater Saratoga St., Balto., Requesting V. S. No. 1. If more branks are needed, address State Registras 16 W

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, Civil engineer, Stationary fromus, etc. But in many Physician, Compositor, Architect, Locomotive engineer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, definite salary), may be entered as Housewife, House-mork, or At House, and children, not gainfully emer," etc., household only (not paid Housekeepers who receive a en at home, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serunt, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on Farm lahorer, Laborer-(b) Colton mill; (a) Salesman. yrs). without more precise specification as Day who are engaged in the duties of the (b) Automobike For persons who have no occupation factory. The material -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fewer (the only definite synonym is "Epidemic cerebrosectional meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia");

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease Chronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-"Uraemia," "Weakness," etc., when a definite disease "Inanition, "Exhaustion," ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, can he ascertained as the cause. Always qualify all diseases or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinapproved by Committee on (Recommendations on statement of cause of death American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJUNT resulting from childbirth or miscarriage as cough; " " Marasmus, Chronic " "Old Age, " "Shock, valvular heart discuse; etc. The contributory Nomenclature Mousles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Sicomics	CERTIFICATE OF DEATH
County January	Registration Dist. No. 333
0.1.1	
Village or City Salusbury (No. 187 00	St.: Ward) (If death occurred in a hospital or institu-
Eli-lil & So	tion, give its NAME instead of street and number.
2FULL NAME Cleyanes . The	and the second s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
WIDOWED. NUMBER	Jeff. 30, 130.
Senale Mile (Write the word)	(Month)(Day)(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
MM 31 1881	Jan 1920 to Left 30 ,1980.
(Month) (Day) (Year)	that I last saw h An alive on Sept 30, 1925,
7 AGE [IfLESS than	and that death occurred on the date stated above, at 4.5 ft.m.
l day hrs.	The CAUSE OF DEATH * was as follows:
119 yrs. 10 mos. 0 ds. or min.?	201
& OCCUPATION (1)	Pulmmary surerouloses
(a) Trade, profession or A None	
(b) General nature of industry	
business, or establishment in	(Duration) vis. 6 mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
need organia	(Duration),yrsds,
10 NAME OF PM	(Signed) M. D.
g. or . mucano	Out 1 197 (Address) Salishury Miss
O IN BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in thaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country) Mania	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANE MALLIN MELLIN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a many y. man socia	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death
(State or Country) Overgrang	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Munagar N Arader	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Saluchung, Md.	Harris Cometry Falishay 10/7/3019
15 Mat 2 30 Vilano Curren	20 PRODERTAKER ADDRESS A LA I
Filed VCI 2 19250. V. 10 CM Sacrate Registrar	The Nell x Johner O. Salishung M.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed to report Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor Farm laborer, (b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Doy specifically the occupations of persons en-(b) For persons who have no occupation Automobile factory. The Loborer-Coal mine, etc. Wom-Locomotive not gainfully em-6 material cngineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomendature (Recommendations on statement of cause of telahus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e.g., sepsis, peritonaeum, etc., Carcinoma, Sarcoma, interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," Chronic etc. valvulor heart The contributory Measles ; discose; etc., of death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

0		ed. Exact
	CORD	EXACTLY rly classifi ificate.
N. D. N. C.	INLY, WITH UNFADING INKTHIS IS A PERMANENT LORD	f information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- id state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.
FOR BII	IS IS A PE	ed. ACE sh s so that it structions o
MARGIN RESERVED FOR BINENG	NG INKTHI	refully supplicing plant term trant. See ins
MARGIN	ITH UNFADIR	SE OF DEATH N is very impo
	INLY, W	f information d state CAU

PLACE OF DEATH County Miomics	15426 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. 333
Village or City Salishing (No. 625 Wes  2FULL NAME Hrace H.	tion also the NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED WIDOWED OR DIVORCE (Write the word)	16 DATE OF DEATH  Dec. 5, 1936  (Month) (Day) (Year)
6 DATE OF BIRTH  Aug. 7, 1963  (Morth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1925 to Sec. 5, 1925  that I last saw h a alive on Sec. 3, 1925
7 AGE  27 yrs. 3 mos. 28 ds. If LESS than I day hrs or min.	and that death occurred on the date stated above, at 5364.
(a) Trade, profession or attendant at (b) General nature of industry business, or establishment in which employed or (employer) Lasoleme Station  9 BIRTHPLACE (State or country)  Manylanel	Contributory Contributory Contributory (Duration) 2 yrs 5 mos de
10 NAME OF FATHER CMOLY Reddish  11 BIRTHPLACE OF FATHER  (State or country) Maryland	(Signed)
12 MAIDEN NAME Willie a Physical of Mother Willie a Physical Physi	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs mos ds. State yrs ds Where was disease contracted,
(Informant Mrs. Eloise Reddish	if not at place of death?  Former or usual residence
(Address) 625 W. Main st Sality	7 Paronis Cem. Date of BURIAL Paronis Cem. 71, 1931
Filed Dec 6 19230. L. May, Junes	20 yolloway + Co. Salishy Ma
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

15426 STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Scream, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on or Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-As examples: (a) man. (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Washness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse." "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traininterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles ;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	05977 STATE OF MARYLAND
County Micoures	CERTIFICATE OF DEATH
/ manual / p	Registration Dist. No. 399
Village or City Salsbury (No.	Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Mary Nor	ma Alla, stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, SUNGLE WIDOWED.  OR DIVORCED  OR DIVORCED	16 DATE OF DEATH May 4, 1990
6 DATE OF BIRTH	(Month) (Day) (Year)
DATE OF BIRTH	
(Month) (Day) (Year)	no physician in alendance that I last raw he alive on 192,
7 AGE ILLESS than	and that death occurred on the date stated above, at
day A hrs.	The CAUSE OF DEATH * was as follows:
yrs, mos. ds. or min.	J. A.
OCCUPATION (a) Trade, profession or	Sich from buth
particular kind of work	unknown.
(b) General nature of industry business, or establishment in	(Duration) yrs. mos 3 ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Mary land.	Secondary  (Duration)  yrs A rpos ds.
10 NAME OF Wesley Reed.	(Signed) & May Junger Jocal Register May 3 1939 (Address) Santistrony MA
OF FATHER  (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Vigient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Jones.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrs,mosds. In the Stateyrsmosds.
(State or Country) Walland arround	Where was disease contracted, if not at place of dea.h?
l. 8 1	Former or usual residence
(Address) Salisbury, M.J.	Public Ceru Salisbur May 5, 1930
15 Filed May 5 1930. F. May June	Leonge Jones 308 Lavis St.
If more branks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Jalisburg

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housewaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart Land," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, resulting from childbirth or miscarriage cough; or intercurrent) Chronic valvular heart disease; The nature of the injury, etc. affection need not be The contributory etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

12801

ME

I HER

16 DATE OF DEA

that I last saw h

and that death or

The CAUSE OF D

(Signed).

usual residence

#### STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
Registration Dist. No. 333
Ward) (If death occurred in a hospital or institu-
Vard) (If death occurred in a hospital or institution, give its NAME instead of street and number of street and
DICAL CERTIFICATE OF DEATH
TH 10-1- , 19230
(Month)(Day) (Year)
EBY CERTIFY, That I attended the deceased from
1930. 10 10 1930
alive on 1925 9
curred on the date stated above, at
EATH * was as follows:
eath * was as follows:
3
(Duretion) yrs. mos 2 9 ds.

Contributory Secondary	Osodiac cul
	(D)

(Address) Sulley wil

vusa

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH	OF R	ESIDENCE	(For	Hospitals,	Instituti	ons,	Tran
ients or R	ecent F	Residents)		In the	100	^	
A		44		In the	11.0.	-	

of death yrs mos ds. State from mos where was disease contracted from the place of death?

19 PLACE OF BURIAL OR REMOVAL

Oct-4, 193

BURIAL

E & Walon

7 Mules

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> atic), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart ranure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection necessary (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train-Whooping Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. It this certificate is looked over thoroughly and all qu stions

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	PLACE OF DEATH	0854 STATE OF MARYLAND
	gounty/ MONNO	CERTIFICATE OF DEATH
/	Sella for the S	Registration Dist. No. 333
	2FULL NAME Oane & Ren	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
/	mid WIDOWED. OR DIVORCED Marry (Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Yesr)	that I last saw h afive on 1923,
7	AGE [If LESS than	and that death occurred on the date stated above, at
	/ / / l dayhrs.	The CAUSE OF DEATH * was as follows:
_	yrs. mos. ds. or min.?	1, 10
N	(a) Trade, profession or particular kind of work	sific spren
	(b) General nature of industry	
	which employed or (employer)	(Duration) yrs. de.
9	BIRTHPLACE (State or country)	Contributory Contributory Secondary
	10 NAME OF CONTRACTOR OF THE PARTIES	(Signed) M. D.
S	11 BIRTHPLACE	16.193WAddress Tallah Tort
FNA	OF FATHER (State or country) Symposius Joura  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Mida Candina	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
-	13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place of deathyrsmosds.
- 10	(State or Country) ( Commence H) Wa	Where was disesse contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or  usual residence
	(Address) Deliver All H	Pip prace of Burial OR REMOVAL & DATE OF BURIAL
15	Filed Jan 16 1930. G. May Turner	26 UNDERTAKER ADDRESS
-	If more bianks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "E::haustion," "Debility" ("Congenital," approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi cough; ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. Always qualify all The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

11		09664		
	PLACE OF, DEATH	STATE OF MARYLAND		
	County Necomes	CERTIFICATE OF DEATH		
	WYMIN FOR PORT LINE OF	Registration Dist. No. 333		
Vi	illage or City Salishing (No.) 12 Parson	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and		
	2FULL NAME MAN James Ou	all, stead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH aug 29, 1930		
I.L.	DATE OF BIRTH	(North) (Day) (Year)		
	15 .55 .55 E	aug 25 192 to long 27, 1920,		
	(Month) (Day) (Year)	that I last saw h & alive on July 27 , 1920 ,		
7	AGE	and that death occurred on the date stated above, atm.		
	1 dayhrs.	The CAUSE OF DEATH * was as follows:		
-	/ 3 yrs. / mos. 7 de. or min.?	Paragraine Do do		
1	(a) Trade, profession or particular kind of work	vioquine purepo		
10	(b) General nature of industry			
	business, or establishment in which employed or (employer)	(Dyration) yrs, mos 3 ds.		
11 -	BIRTHPLACE (State or country) Wicamies Co. Mad.	Contributory Secondary Contributory Secondary (Duration) Tyra Mos. ds.		
	10 NAME OF John W. James Quall.	(Signed) M. D. M.		
RENTS	OF FATHER (State or country) Wicomics Co. Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
PAR	OF MOTHER Sarah Rebecca Tanque	ELENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lients or Recent Residents)		
	13 BIRTHPLACE OF MOTHER (State or Country) Wilcomian Co, Vide	At place of death 1 yrs 4 mos 28 ds. In the State yrs mos ds.		
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
	(Informant) Mies Clara Parens	Former or usual residence		
	(Address) Silsbury Ind.	Typolein cometery Aug. 31. 1030.		
15	Filed ang 3/ 1930. G. May Junes Registrar	20 UN DERTAKER / ADDRESS		
	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.		

(Approved by U. S. Census and American Public Health Association.)

work, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Plonler tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, For persons who have no occupation Cotton mill; (a) Salesman. (b) Grocery. (b) Automobile factory. The materia Laborer-Coal mine, etc. Womnot gainfully em-As examples: (a) The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of occident; Revolver wound of head-homicide; Poisoned by "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meosles; American Medical Association. (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencause for which surgical operation was under-Never report mere symptoms or terminal condiinterstitial nephritis, cough; Committee on Chronic etc. The contributory valvulor heart Nomenclature Always qualify all diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid *Housekeepcrs* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. ," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to in for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences e g., sepsis, carbalic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart etc. The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Eyery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD INLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BIN WRITE P V. S. No. 1 N. B.

PLACE OF DEATH	US422 STATE OF MARYLAND
County // comico	GO CERTIFICATE OF DEATH
with the same of the last	Registration Dist, No. 33
Village or City Salishing (No. Cart 1)	St.: 13 Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Cathine 9%	Ride tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SING, E, MARRIED. WIELWED (Write the word)	16 DATE OF DEATH  (South) (Day) (Year)
DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
VINV. 22, 1860	1920 to pley , 1930
(Month) (Day) (Year)	that I last saw h 11 alive on 1921
If LESS than I day hrs.	and that death occurred on the date stated above, a 3.40 · P. m The CAUSE OF DEATH * was as follows:
6 9 yrs. mos. ds. or min.?	
occupation (a) Trade, profession or particular kind of work	Care My o Carde No
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos de
(State or country) Bulin Sumann	Contributor Secondary Jame Dusian le aut.
10 NAME OF HENRY Flasch	(Signed) M. D. O.
11 BIRTHPLACE OF FATHER	(Address) (MAD)
(State or country) Dumany.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs. ds. State yrs. day
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Thomas Fr P'1	Former or usual residence
Goods in st Salishy Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20-HNDERTAKER ADDITESS A
Filed July 1/1930 V. May Jume	Hollowas + Co Salisbur Ad.

Jule

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise stutement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, cases, especially in industrial employments, it is necesor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... name origin; "Cancer" is loss definite; avoid American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by milway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic valvular heart disease; etc. The contributory Always qualify all Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ciassifl (If death occurred in EXACT Village or City a hospital or institu-tion, give its NAME in-stead of street and number,) stated E) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. eq eq WIDOWED. OR DIVORCED (Write the word) may should (Month) .....(Day) 6 DATE OF BIRTH & I HEREBY CERTIFY, That I attended the deceased from structions that (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. rms or. ....min.? \_ 8 OCCUPATION ERV (a) Trade, profession or particular kind of work (b) General nature of industry S business, or establishment in 2 which employed or (employer) I 9 BIRTHPLACE Secondary MARGI (State or country DO (Duration) Very 10 NAME OF OB shoul E CF 00 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether AUS On (State or country 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME ati O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER inform state CCUP/ ients or Recent Residents 13 BIRTHPLACE At place OF MOTHER Ö of death. (State or Country item of i 0 Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of of CIAMS sho (Informant) 60 DATE OF BURIAL AN ADDRESS No. Registrar If more branks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Plonter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at l:ome, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, whatever, write None. business, that fact may be indicated thus; Furmer (re-Housemuid, etc. If the occupation has been changed nier, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospaul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need Chronic interstitiol nephritis, Whooping cough; tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbalic acid-probably suicide. The n ture of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) "Atrophy" "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid for malignant neoplasins); Measles; Chronic Example: Measles (disease etc. The contributory valvulor heart disease; Always qualify all not be

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1930

WRITE

ee Instructions

(V	ó	Exact
X	CORD	hould be stated EXACTLY, PHYSI- t may be properly classified. Exact on back of certificate.
		hould be stated EXAC t may be properly class on back of certificates
INDING	ER ANENT	may be

PLACE OF DEATH	09665 STATE OF MARYLAND
County VICOMIED	CERTIFICATE OF DEATH
P. A.	Registration Dist. No. 33/.
Village or City White Hase MNo.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME VIELLE OF A PON	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. Color or race 5 SINGLE. MARRIED Manuel WIDOWED.  OR DIVORGED (Write the word)	16 DATE OF DEATH 22, 1980 (Month) (Day) (Year)
Sept 15, 1879	that I lest sew h Salive on Carry 20, 1923,
(Month) (Day) (Year)  AGE  If LESS than I day hrs.	and that I lest sew h alive on 1920, and that I lest sew h alive on the date stated above, at
yrs ds. or min.?  B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos 20ds.
State or country)	Contributory Secondary  Durstion)  yrs
10 NAME OF FATHER MAKENOWY	(Signed) M. D. S - LZ 1923 (Address) Manufacture Color
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Morg Mitchell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
(Informant) Benja Rapestas	Former or usual residence
(Address) White Haven	While Haven Jug 24503D
Filed aug 24 1980 P. Woolford Walter	20 UNDERTAKER ADDRESS ADDRESS

If more bienks ere needed, address State Registrer, 16 W. Seratoge St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. Wom-(b) Grocery, The quesmaterial

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; nephritis, Chronic valvular heart Example: Measles (disease etc. The contributory Nomenclature Measles ; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

N. B.

S. No.

1PLACE OF DEATH .	10811	STATE OF !	MARYLAND
County Wicomico		CERTIFICATE	
\cd / /	(3)		Dist. No. 330
Village or City Mardela (No		St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME la- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE (	DF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Sept (Month)	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY		ended the deceased from
dept 15 1930	70-	192 to	, 192
(Month) (Day) (Year)		_alive on	, 192,
7 AGE    If LESS than			above, at
yrs. mos. ds. or min.?	The CAUSE OF DEAT	n * was as tollows:	
8 OCCUPATION (a) Trade, profession or particular kind of work	St	Il Born	
(b) General nature of induatry business, or establishment in which employed or (employer)		(Duration)	yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary	(Duration)	
FATHER Harry Robins	(Signed) J. Le .C	oman	Ув
OF FATHER (State or country)	Violent Causes, sta	(Address) Death, te (1) Means of In	or, in deaths from jury and (2) Whether
of MOTHER Mystle Culver	Accidental, Suicidal o	IDENCE (For Hospit	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or coundry)	At place of deathyrsmc	In the	
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contra if not at place of death	acted, ?	
(Informant) Harry Rubinson	Former or usual residence		
(Addresa) Mordela SpringsM	In place of BURIAL	Sport Med	Sept 16 , 1931
Filed SEP 16 1930 192 MAN African Registrar	Dary Ro	ferrow,	Mardelw, Med

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more known coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Civil engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Chronic chopncumonia (secondary), The nature of the injury, etc. valvular heart disease; Nomenclature The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 0 193

S. No. 1

PLACE OF DEATH

County	lomeer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(90)	CERTIFICATE	OF DEATH
ATTRIK GER	O EAST LITTER BOT		0		Registration I	Dist. No. 123
Village or City	Salesler	(No609	Pay	lasfill (	Rue St.: 5 Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and
2FUL	L NAME Matte	Rollin	nen			number.)
PERSON	AL AND STATIST	/		MEDI	CAL CERTIFICATE C	F DEATH
SEX Les els	4 COLOR OR RACE	MARRIED, WIDOWED OR DIVORCED (Write the word)	dow	16 DATE OF DEAT	april!	(Day) (Year)
DATE OF BIR	TH about			17 I HEREI	BY CERTIFY, That I good	
			. 1866		attended	the alogas
	(Month)	(Day)	(Year)	that the det of	ecare wa	s fours
7 AGE OL	raul		If LESS than	and Marketin Co	pertilogand date water	us arrival
6	11	The state of the	I day hrs.	The CAUSE OF DE	*TH * was as follows:	
(0)	yrs.	mosds.	ormin.?	Wr J	770	
(a) Trade, pro	fession or /			100	gible ca	user
particular kind	of work	restal		dest	h - lan are	ule blear
business, or es	ture of industry tablishment in			all	ack Duration the	e sisture.
which employe	ed or (employer)	9-0000000000000000000000000000000000000		Contributory &	Lwhich	Ihavrn
9 BIRTHPLACE (State or cou	ntend			Secondary	weekge	yigds.
10 NAME OF	f ( )			(Signed)	26 Sewo	Cy M. D.
	Unpna	un		april 10 19	Zo Address)	alisbury
OF FATH	ER ().	wwn		*State the Violent Causes,	I is ase Causing Death, atate (1) Means of Injuly or Homleidal.	or, in deaths freely jury and (2) Whether
12 MAIDEN OF MOTH	/ / //					als, Institutions, Trans-
0	ungan	nown		ients or Recent	Residents)	
13 BIRTHPL				At place of deathyrs	In the State	eyrsmosds.
(State or		aun		Where was disease co	ontracted,	
14 THE ABOVE	S TRUE TO THE BEST	OF MY KNOWLE	DGE	if not at place of d	oa.h?	
(Informant)	my 1:00.	Bisin		usual residence		
	9 0 0	0	-0	19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
(Addr	ess)/falenlu	ny con	2(	Vaunton	Olm and (	Mrs 12, 1950
15 Filed ale	1-101990	J- May	Junior	20 UNDERTAKER	- A	DDDRESS
Filed - PD	Vin The States	7	Registra	1 Slew	art	Jalulery Ma
	16 Family and		tuta Nagidera	16 W. Saratova St	. Balto., Requesting V. S	5. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Solesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocg ged in domestic service for wages, as Scrumt, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as Al school, or Al home. Care should be taken work, or en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, household only (not paid Housekcepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm loborer, Laborer-Coul mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., whon a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart range," "Old Age," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

CORD EXACTLY, PHYSI- rly classified. Exact ificate.	PLACE OF DEATH.  County Wick was Moles. Particular or City Salis bury Moles. Particular Road	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333 (If death occurred in a hospital or institution, give its NAME II tion, give its NAME II tion, give its NAME II the sead of street and the s
VENT.	PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
A PERMAN CE should hat it may hot it may hot on bac	G DATE OF BIRTH  G DATE OF BIRTH  (Month) (Day) (Par)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 1930 that I last saw h alive on 1930 1931
ED FO	7 AGE  1 day hrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
ADING INKT e carefully sup ATH in plain tel mportant. See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration)
MARGIN , WITH UNFADI atton should be calcause of DEATH TION is very impo	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
of information of occupa	OF MOTHER COLORS  13 BIRTHPLACE OF MOTHER (State or Country).  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)  At place of death yrs mos de. State yrs de Where was disease contracted, if not at place of death?
WRITE ery item ANS sho	(Informant) Mr. James Rodgers. (Address) Berlin Nd.	Former or usual residence Selles Such.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Lagloraelle Cense. J. J. 5, 1932
So. 1	15 Filed Oct - 3 19230. J. May June	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed as At sehool, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disc.:se. Examples: ('erebrospinal fever (the only definite synonym is 'Fpidemic cerebrospinal meningitis'); Diphtheria avoid use of 'Croup'); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) letanuts) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicids; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicucnia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Careinoma, Sareoma, etc., of approved by Comnittee on or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ccidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Always qualify all Measles;

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give Its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SEX MARRIED WIDOWED. OR DIVORCE (Write the work ..(Dsy)..... 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from Month (Yesr) that I last paw h alive 7 AGE If LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: 20 ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (0 (b) General nature of industry d business, or establishment in .(Durstion) .. which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) OD 10 NAME OF 31 20 1970 (Address) 11 BIRTHPLACE OF FATHER CAUSI \*State the Disease Csusing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) CCU 13 BIRTHPLACE At place of death \_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_ds. In the OF MOTHER 00 Where was disease contracted, of if not at place of dea.h?...... shoul SIANS sho Former or usual residence VOLV 20 UNDERTAKER If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

On mann

V. S. No. 1

MARGI

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Spinner, should sary to know (a) the kind of work and also (b) the whatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, er," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. As examples: (a) Farm laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the dutics of the (b) Cotton mill; (a) Salesman, (b) man, (b) Automobile factory. The Compositor, Architect, For persons who have no occupation Stationary fireman, etc. (not paid Housekeepers who receive a Locomotive engineer, But in many material Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. stated unless important. Example: Measles (disease American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-" "Marasmus," "Old Age," "Shock," Committee on intercurrent) Chronic The nature of the injury, affection need not be etc. valvular heart disease; Nomenclature The contributory

No. 1 00

中	2	Y, PHYSI-
	IN ECORD	4. ACE chould be stated EXACTLY, P so that it may be properly oldssified.
BINDING	S A PERMANEN	should be
FOR	IS A	d. ACE

PLACE OF DEATH

	STATE OF MARTLAND
County W comes	CERTIFICATE OF DEATH
WITHIN BESTERATE LIMITE OF	Registration Dist. No. 333
Village or City Salisbury Frod Pen 2FULL NAME THE Marion a	Sen Hospitalt: 3 Ward)  Registration Dist, No. 3  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
msle While Single, Married Widowed.  OR DIVORCED (Write tha word)	16 DATE OF DEATH (October 31, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  Nov. 20 , 1876  (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from October 28 1930 to Oct 31 , 1930 that I last saw hand alive on 6 3 , 1930
7 AGE    If LESS than   day hrs. or min.   ds. or min.	The state of the s
(a) Trade, profession or particular kind of work	heart / segestates.
(b) General nature of industry business, or establishment in which employed or (employer)	Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) // // // (State or country)	Contributory Secondary (Durstion) ( vis 6 mes 4-ds.
10 NAME OF FATHER CILLET POWE	(Signed)
OF FATHER Z (State or country) Verguia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unknown	18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State ds.
(Informant) Pen. Blen. Haspital	Where was disesse contracted, it not at place of dea.h? Former or usual res.dence
(Address) Salisbury md	Bishopville Md Date of Burial
Filed Nov / 1930. V. May June	m Parha watsur Selvefull
If more blanks are needed, addre.s State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12803

STATE OF MARYLAND

(Approved by U. S. Census ɛnd American Fublic Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrose, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonias");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJU.:Y American Medical Association.) (Recommendations on statement of cause of death carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic affection etc. The contributory The nature of the injury, valvular heart disease; Nomenclature of the need not " "Shock," Measles;

PHYSI-

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH 11 W D dl vanuo Registration Dist. No. Ward (If death occurred in a hospital er institution, give its NAME in-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH WIDOWED. OR DIVORCED (Month)--(Day) Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year and that death occured on the date stated above, at ... IIf LESS than 7 AGE I day hrs. ds. or min.? OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). Contributory 9 BIRTHPLACE Secondary (State or country) Duration) 10 NAME OF (Signed) FATHER 1920 (Address) / CC 11 BIRTHPLACE \*Ft..te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence..... 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting Y.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very im ortant, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return" Laborer,"" Foreman,"" Manager."" Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of whatever, write None. Housemurid, etc. If the occupation has been changed first line will be sufficient, e. g. Farmer or Planter, et:., For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the Locomotive engineer, persons en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebra-piral fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Crodp"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of "Inanition," "Marasmus, Ou Age,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; . . . . . (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on cough; Chronic etc. The contributory valvular heart Nomenclature of the ," etc.), "Dropsy, " "Shock," disease;

PLACE OF DEATH  County licomics  Rear Village or City Schifun (No S. C.)  2FULL NAME Byun Lee Mu	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Wille the word)	16 DATE OF DEATH  March /6, 1956  (Month) (Day) (Year)
6 DATE OF BIRTH  May  7  Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE  33 yrs. 0 mos. 9 ds. or min.?	and that death occurred on the date stated above, at 100 m. The CAUSE OF DEATH * was as follows: Result have accessful Sulpt -
(a) Trade, profession or particular kind of work (b) General nature of industry/// business, or establishment in which employed or (employer)	ha culty - he inquit  (Duration) yes mos de.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 RAME OF RATHER	Contributory Secondary  (Durstion)  (Signed)  S. 74 Welde Correct M. D.
II BIRTHPLACE OF FATHER (State or country)  Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER UNNUM Parsons  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Uston Rulank	Former or usual residence
15 Filed Meh 19 1920 & May June	Char Vario Hum Com, March 19, 1930 20 JIN DERTAKER HOLlowan + Co Salishur Ind
If more blanks are needed, address State Registrar	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, nner, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory affection need not be

	(Ve Fa	16-20012
	PLACE OF DEATH	STATE OF MARYLAND
	County hiomics	CERTIFICATE OF DEATH
	24	Registration Dist. No. 333
	Village or City Salishing (No. 1.2.)	St.: 13 Ward) (If death occurred in a hospitel or institu-
	2FULL NAME Ella L. Ruan	k (Infect Del. R.D. #3.) tion, give its NAME in- steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	S SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, MODOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Leget 3 , 1930 (Year) (Year)
	8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Dec. 1/2 864	1923 v. to 3 , 1920
	(Month) (Day) (Year)	that I last saw herealive on 1980
	7 AGE [If LESS than   1 day hrs.   7 ds.   or min.	and that death occurred on the date stated above, at
	8 OCCUPATION (a) Trade, profession or House work particular kind of work	
-	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
	9 BIRTHPLACE (State or country) Mandand	Contributory Secondary  (Duration)  yrs
	10 NAME OF Edward H. Lowe	(Signed) Olas Grales M. D. 7/4 1983 (Address) Dalesherry M.
	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O O O O O O O O O O O O O O O O O O O	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Clara D. Mussick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of death yrs mos ds. In the state yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Howard H. Busk	usual residence
	(Address) yeland st. Chester Pa.	Parsone Cem. Rept. 7, 130
5	Filed Sept 6 19230 C. May June	Holloway + Co. Sality Md.
	If more bianks are needed, address State Registra	r, 16 W. Seratoga St., Baito., Requesting V. S. No. 11

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write Nonc. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, House en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, to know For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the (a) the kind of work and also (b) the and children, not gainfully em--Coal mine, etc. Wom-Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid by resulting from childbirth or miscarriage " "Marasmus," "Old Age," "Shock," cough; Committee on Chronic etc. valvular heart Nomenclature The contributory Always qualify all disease; etc., of 88

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED OR DIVORCED (Month) .....(Day) (Year) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at 8-3 7 AGE IIf LESS than The CAUSE OF DEATH \* was as follows: RESERVED (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) 16 1980 (Address) Da 11 BIRTHPLACE \*State the Disease Causing Death, or, In deaths from Vicient Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ......yrs .......ds. (State or Country) Where was disease contracted, if not at place of death?..... Former or usual residence 20 UNDERTAKER Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga Sy, Balto., Requesting V. S. No. 1.

Dr. mann

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation, (b) Automobile factory. The material -Coal mine, etc. not gainfully em-Grocery,

Statement of Cause of Death—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," approved by tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic etc. The contributory valvular heart Always qualify all disease;

PLACE OF DEATH STATE OF MARYLAND Registration Dist. No. (If death occurred in a bospital or institucertificate tion, give its NAME in-stead of street and number.) properly of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, MARRIED MARRIED MARRIED 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH pe it may be on back WIDOWED. OR DIVORCED (Month)should Write the word) -(Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions that that I last saw h ... alive on ..... (Month) (Day) U and that death occured on the date stated above, at ..... 7 AGE IIfLESS than I day hrs. The CAUSE OF DEATH \* was as follows upplied terms ERV (a) Trade, profession or plain int. Se carefully H in plain particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary EAT (State or country) ery a 10 NAME OF (Signed) L. FATHER 0 (0) 11 BIRTHPLACE (Address). (O) LLI S OF FATHER OZ Z \*State the Discase Causing Death, or, in CAU Violent Causes, state (1) Means of Injury and (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE At place In the y18..... mos. 3. ds. State ... yis ..... mos .... ਹ Where was disease contracted, of shoul if not at place of death? Every Item CIANS shot statement If more blanks are needed, address State Registrar, 16 W. Saratoga FV, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b. the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many laborer, Furm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foremon, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Colton mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile factory. The material (6) (Frocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia";

> inger, perdonueum, etc., Carcinema, Sarcono, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary Chronic interstitiol nephritis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Weakness," etc., when a definite disease "(Exhaustion," "Heart taume," "Old Age," "Shock," " telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepses, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be ass important. Example: Measles (disease is indefinite); Tuberculosis of lungs, men-Committee on for malignant neoplasins; Measles, Chronic valvular heart disease; etc. The Nomenclature Always qualify all contributory

PLACE OF DEATH	0856 STATE OF MARYLAND
County Wicource	CERTIFICATE OF DEATH
D. D. 1	Registration Dist. No. 333
Village or City Salesbury (No. 105 )	St.: 9 Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, single Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That 1 attended the deceased from
(Month) (Day) (Year)	192 . to
7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Still tom
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  (Duration) yrs
10 NAME OF William Rucker.	(Signed) & May Junger M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, In States from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jorothy James.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Sarah Stewart	Former or usual residence
(Address) Salisbury, Md.	Public Cerry Jan 1. 1931
15 Filed Jan 1/ 1930. Littray Junes	20 ANDERTAKER acting LADDRESS Salisbury. MA
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. The laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "('Enaustion," "Heart raume,"
"Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "IIaemorrhage," Chronic valvular heart disease; etc. The contributory

PLACE OF DEATH County Willowill	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
Village or City Quantile (No. 2FULL NAME Harald & Ru	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Widowed.  Male a. a., Widowed.  (Write the word)	16 DATE OF DEATH Sept 2 , 1930 .  (Menth) (Day) (Year)
May (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192
7 AGE   If LESS that   I day hrs	
B OCCUPATION (a) Trade, profession or	
barticular kind of work A/A  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs
10 NAME OF FATHER SAM Saksindero	(Signed) S. 74 white, Curner, NT. C. Sept 3. 1938 (Address) Salishy md
OF FACHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Elile Puro	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. ds. State yrsmos ds  Where was disease contracted,
(Informant) Her Pur	if not at place of death? Former or usual residence
(Address) Harrytonk	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1930
15 Filed Sept 31930. L. May June	A Sleward Salylower
If more blanks are needed, addross State Registra	at, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Physician, Spinner, nature of the business or industry, and therefore an worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Dealer," etc., definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the to report specifically the occupations of persons enployed, as At school, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook business, that fact may be indicated thus; Farmer (rewhatever, write None. Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, (b) Cotton mill; (a) Salesman. (b) Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation Compositor, Architect, without more precise specification as Day Stationary fireman, etc. , or At home. Care should be taken Locomotive engineer, not gainfully em-But in many material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosynial ed term for the same disease. Examples: Cerebrosynial ed term for the same disease. Tamples: Cerebrosynial spinal meningitis, Diphtheria (avoid use of "Croup"); spinal meningitis, Diphtheria (avoid use of "Croup"); Typhoid fower (never report "Typhoid Pneumonia"); Typhoid fower (never report "Typhoid Pneumonia");

inges, peritonaeum, etc., Carcinonaa, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, causing Whooping atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ..... (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underor as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." curbolic acid-probably suicids. The nature of the injury, accident; Revolver wound of head—homicide; Poisoned by Examples: A ceidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; ""Weakness," etc., when a definite disease for malignant neoplasms); Measles, Chronic valvular heart etc. Nomenclature of the The contributory disense;

If this certificate is looked lover thoroughly and all questions answered in detail, it will prevent further correspondence. A lither answered in detail, and must be obtained before the certificate is data is essential and must be obtained before the certificate in the continuous state.



Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT UZ WITH UNFADING INK---THIS IS A PE MARGIN RESERVED WRITE m Z

FOR BIN

7. S. No. 1

PLACE OF DEATH	08424 STATE OF MARYLAND
County Milomila	CERTIFICATE OF DEATH
WITHIR DON'T PLATE LIMITE OF	Registration Dist. No. 333
Village or City Saleslung (No.	St.: Ward) (If death occurred in
2FULL NAME may Ruydung	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DIATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED,	16 DATE OF DEATH
female a a OR DIVORCED (Write the word)	(Month)—(Day) (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
, 186	that I last saw n alive on 192
(Month) (Day) (Year)	and shot death accord on the Jean Acad above
62 yrs. mos. ds. or mir	rs. The CAUSE OF DEATH * was as follows:
OCCUPATION JIS. MIOS. MS. OF MI	The same of the sa
(a) Trade, profession or particular kind of work Domestic	Inquest merchal man" for council
(b) General nature of industry	unhammen" Heart truck a ind
business, or establishment in which employed or (employer)	Calld - (Duration) yrs de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Duration) yrs mosds.
FATHER LINES - BULL	(Signed) Dily White Currer we.
M 11 BIRTHPLACE	July & 1980 (Address) Salisty may lang
OF FATHER (State or country) Unknown	State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Shatk	18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yts
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) John Munder	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jaliany 87	Handon lem ma July 9 . 1030
15 Filed July 9 1930. L- May Juna	SALVERESS OF THE SALVER
	Far, 16.W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Plonter, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Spiwner, (b) Cotton mill; (a) Salesman. (b) laborer Farm laborer, Laborer—Coal mails, eve. women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Aever return". Laborer, ""Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servent, Cook, ployed, as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (rewhatever, write None. tired 6 yrs). Foreman, (b) Automobile factory. The material report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal editor (the only definite synonym is "Epidemic cerebros inal meningitis"; Diphtheria (avoid use of "Croup"); Siphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> use of "Tumor" for malignant neoplasms); Meusles; inges, perilonaeum, etc., Carcinoma, Sarcoma., etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valendar heart Chronic interstitial nephritis, etc. The con "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Huemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure, Ittelluoringe," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suceids. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of American Medical Association.) approved by Committee on "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopmeumoniu (secondary), etc. The contributory Nomenclature of the discuse;

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foremon, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Compositor, Architect, For persons who have no occupation (b) Automobile factory. The materia Locomotive 6) engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ........ name origin; "Cancer" is less definite; avoid telonus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvulor heart disease; etc. affection need not be Nomenclature The contributory Always qualify all Measles ;

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more preuse special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic runnum,
nephritis, etc. The contributory

V. S. No. 1

CORD	ed EXACTLY, PHYSI-	rtificate.
IS A PERMAINENT	ACE should be state	uctions on back of ce
WRITE AINLY, WITH UNFADING INK I HIS IS A FEMANIENI CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	statement of OCCUPATION is very important. See instructions on back of certificate.
AINLY, WITH U	of information should state CAUSE CE	f OCCUPATION is ve
WKIIE	N. BEvery item	statement o

1PLACE OF DEATH	14173 STATE OF MARYLAND
County Wie Chiles '	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City I alia bury (Nalla). Lu	A lul Harris Ward a Hospital or institu-
Stillentenamed Bordy Sate	lion, give its NAME is stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
11-1 1930	1923. to 2 5 , 1923,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE  O yrs. o mos. ds. or o min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or	Still for
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs, mos, ds.
which employed or (employer)	Contributory Remative But
9 BIRTHPLACE (State or country)	Secondary
TO NAME OF DADIN COMMING	(Signed) (Durstion) yrs mos. ds.
U II BIRTHPLACE	MV. 6 1920 (Address) start
(State or country) of muste lity, Me	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Waled Ruble Sabeled	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Pega Genel Hospital	Former or usual residence
(Address) Sulisbury, Mid	Disposed of at P. S. Mov 7, 1930
Filed nov. 7 1930. & May hunder	Miss Hise Light Salisbury by
If more banks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-nome, who are engaged in the duties of the Compositor, Architect, specifically the occupations of persons en-For persons who have no occupation Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping approved taken. State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature " "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

	HYS	Exa	
	N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYS	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exa	
2	TE	seifi	
5	XAC	clas	ate
	D	erly	rtific
1	state	rop	f cei
ti	pe e	be g	OK O
GMA	pin	nay	bac
	εho	It n	s on
<	CE	that	tlon
5	d. 1	80	truc
ĺ	pile	rms	ins
4	ans	in te	See
	ully	plai	nt.
	are	Hin	orta
A	be c	EAT	Imp
	plu	D	/ery
	sho	EC	is
\ \ \	ion	AUS	NOI
11,	mai	0	PAT
Accident	nfor	stat	CCC
	of	pin	Ö
711	tem	sho	ent
	L	NS	tem
WALLE ASSET, WITH ONFADING INN-THIS IS A FERMANDEL COOK	-Eve	CIS	statement of OCCUPATION is very important. See instructions on back of certificate.
	8		
	Z		

tysi- Exact	1PLACE OF DEATH County All scomics	12805 STATE OF MARYLAND CERTIFICATE OF DEATH
Υ, <b>P</b> !	County (1)	Registration Dist. No.
uld be stated EXACTLY, ay be properly classifle back of certificate.	Village or City Salisbury (No. Pens 2FULL NAME Franklin Sar	Mard)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male 4 COLOR OR RACE 5 SINGLET surgle MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH October 6, 1930
t m	0ct, 10, 1927	17 I HEREBY CERTIFY, That I attended the deceased from
illed. ACE sms so that nstructions	7 AGE (Month) (Day) (Year)  7 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at SAMm.  The CAUSE OF DEATH * was as follows:
ly suppliain tern See in	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Getaf Henring,
in pl	usineas, or establishment in hich employed or (employer)	(Duration) yrs. mos ds.
be caref EATH in Importa	9 BIRTHPLACE (Scate or country) Maryland	Contributory Secondary  Durstion Trans. ds.
tion should AUSE CF D	10 NAME OF Stewart S. Savage	(Signed) AM. D. 1927/(Address) AM. D.
	OF FATHER  Z (State or country)  12 MAIDEN NAME  O'10  12 MAIDEN NAME  O'10  OFFITTION  OFFITTION	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
state C	of MOTHER Rulle Majors,  13 BIRTHPLACE OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
of o	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
S shown	(Informant) Pensasely Genil Hospital	Former or usual residence  19 PLACE DF BURIAL OR REMOVAL  DATE OF BURIAL 9
CIAN	(Address) Salsbury, MIV.	Hebron Cemetery Oct 9, 1930
N. B	Filed VCT 1920. Registrar  If more blanks are needed, address State Registrar	The Hill of Johnson & Dulishung Mid., 16 W. Saratoga St., Balvo., Requesting V. S. No. 1.
- 1		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the er," etc., Civil engineer, Stationary fireman, etc. But in many Physician, Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the duties of the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

V S. No. 1

PLACE OF DEATH	10814 STATE OF MARYLAND		
County // learning	CERTIFICATE OF DEATH		
Village or City Salution Dist. No. 333  Village or City Salution Dist. No. 333  Ward)  Property Salution Dist. No. 333  (If denth occurred In a hospital or institution, give its NAME is stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Shall White (Write the word)	(Month) (Day) (Year)		
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1820. to 1920, that I last saw hand alive on 1920,		
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was no follows:		
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary		
10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)	(Signed)		
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residenta)  At place of deathyrs ds.		
(Informant) Frank Peter	Where was disease contracted, if not at place of don h?  Former or usual residence usual resid		
15 Filed Sept 6 19230. G. May June	20 UNDERTAKER ADDRESS ADDRESS HER		
If more banks are needed, addre a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewijc, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death ctanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic Example: Measles (disease etc. valvular heart disease Nomenclature of the The contributory

V. S. No. 1

PLACE OF DEATH	05425 STATE OF MARYLAND
County Wicomi co	© CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Labsbury (No. M. Mar	St.: 9 Ward) (If death occurred in a hospital or institution, give its NAME in stead of atreet and
2FULL NAME SULL VONG SC	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 15 1920	July 5 1923 to July 5 , 192)
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE	The date stated hove, at
yrs. mos. ds. or or min.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8 OCCUPATION (a) Trade, profession or particular kind of work	Premature firth
(b) General nature of industry business, or establishment in	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Jelmy A. Scott	(Signed) (Duration) W8. mos de.  (Signed) M. D.
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mildred M lable	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Lung a. Scott	Former or usual residence
(Address) Library, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed July 13,030. &t. May June	20 UNDERTAKER agling appress Lenny a. Scott Lalisbuy, I
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

08425

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locamotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may he indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cuok, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foremon, (b) Automobile factory. The materia 6 yrs). For many occupations a single word or term on or Al Home, Form laborer, Loborer-(b) Cotton without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the and children, mill; (a) Salesman, person, irrespective of -Coal mine, etc. not gainfully em-(b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebro-pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "('roup''); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar; or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease, Always qualify all not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

PLACE OF DEATH	STATE OF MARYLAND
County Willowice	CERTIFICATE OF DEATH
8	Registration Dist. No. 333
Village or City Salesbury (Notinumsula	Harfutal St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Entiry & Selly	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Ofw 13 Day (Year)	that I last saw her alive on 1928
7 AGE    If LESS than   I day hrs.   day hrs.   day min.	and that death occured on the date stated above, at
B OCCUPATION (a) Trade, profession or	There I.
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs, J mas, ds
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Cum has a sub-	(Signed) Melezeeen M. D
OF FATHER  (State or country) Rendered	"Thate the Discase Causing Death, or, in deaths from Violant Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Canes Selly	18 LENGTH OF RESIDENCE (For Pospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsmos. ds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or 4DT Lake It Solicaling Mal
(Informant) Limited Selly (Address) Labellury God.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Harrion Com. n. g. July 7. 1930.
15 Filed July 7 130. V. Khay Junes	20 UNDERTAKER JODGESS Saleslery M.
15 blooks are model address State Registrate	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oethe first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Stationary fremon, etc. But in many Physician, Compositor, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Deal-Spinner, en at home, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons entired 6 yrs). For persons who have no oecupation business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on Farm laborar, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; cran, (b) Automobile factory. The material without more precise specification as Doy who are engaged in the duties of the Architect, Locomotive engineer,

Statement of Cause of Death-Name, first, the preed term for the same disease. Examples: Cardrospinal to time and eausation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Typhoid feeer (never report "Typhoid Pneumonia"); inal meningitis"); Diphtheria (avoid use of "Croup the only definite synonym is "Epidemie eerebropneumonia, Bronchopneumonia ("Pneumonia,"

BUREAU

inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); stated unless important. Example: Measles (disease Chronic interstitial nephritis, (seeondary or intercurrent) affection need not be "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (seeondary), Whooping "Uruemia," "Weakness," etc., when a definite disease State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as ean he ascertained as the eause. Always qualify all ..... (name origin; "Caneer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. For violent deaths state means of injury accident; Revolver wound of head-hamicide; Poisoned by telonus) may be stated under the head of "contributory". as fracture of skull, and consequences (e.g., sepxis curbalic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of eause of death approved by Committee on Nomenclature American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvulor heart disease; ete. The contributory Meusles;

answered in datail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is If this certificate is looked over thoroughly and all questions

permanently filed.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Micomico	02062 STATE OF MARYLAND CERTIFICATE OF DEATH
1 26 1	(129) Registration Dist. No. 333
Village or City M. Salisbury (No.	St: 9 Ward) (If death occurred In a hospital or institution, give its NAME instead of street and
2FULL NAME & CREATE MEDICAL SCHOOL	LLA Serman number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 9.6. (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929. to July 5, 1925, that I lass now here alive on 1215,
7 AGE    If LESS than   I day hrs.   or min.	and that death occurred on the date stated above, at 3.35 P.m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work  Market Ma	Chrome Mephritis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)de,
9 BIRTHPLACE (State or country) Mayland	Contributory Secondary  (Duretton) yrs
10 NAME OF GATHER GENGINEN J. Halper	(Signed) M. D.
OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER RAWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Genzel C. Serman,	usual residence
(Address) Salisburg, Md.	Paisons Ceneley, Faliday 18/30,
Filed Feb. 8 1820. G. May Junes.	The Hill & Johnson Falcilury to
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation not gainfully emmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need Committee on Nomenclature Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County (1) cozace Registration Dist. No. (If death occurred in a hospital or institution, give Its NAME it.stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR 3 SEX 16 DATE OF DEATH WIDOWEDMA MARRIED eg OR DIVORCED (Write the word) (Month) That I attended the deceased from 6 DATE OF BIRTH that it structions 回り (Month) (Day) If LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH I day hrs. or min.? ds. RESERVE BOCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA. 10 NAME OF 0 (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER PARENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCU2/ ients or Recent Residents) 13 BIRTHPLACE Occu At place OF MOTHER of death \_\_\_\_yrs.\_\_\_\_mos./5\_ds. (State or Country) Where was disease contracted, should il not at place of dea.h? of TO THE BEST statement usual residence (Informant) OF BURIAL EVELY (Address) M If more bianks are needed, addre.s State Registrar, 16 W Saratoga St., Balto., Headnesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever; write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefere an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthetc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Salesman, Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Example: Measles (disease The nature of the injury, affection need not be etc. The contributory ralvular heart disease; Nomenclature Measles ;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

PLACE OF DEATH County Wicomics	05980 STATE OF MARYLAND CERTIFICATE OF DEATH
A STATE OF THE PARTY OF THE PAR	Registration Dist. No. 33  La General Hospital St.: Bward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH  May  (Month)— (Day)  (Year)
6 DATE OF BIRTH  Sept (Youth) (Day) (Year)	that I last saw him alive on May 30, 1930,
7 AGE  16 LESS th  1 day h  17 or min	and that death occured on the date stated above, at 3.36Am.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Charles Old Medica mas de.
10 NAME OF FATHER JAMES OF STATES OF FATHER (State of country)  12 MAIDEN NAME OF COUNTRY)  12 MAIDEN NAME OF COUNTRY)	(Signature)  With the Disease Causing Death, or, if deaths from Vrolent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER CHARACTER OF MOTHER (State or country Delaware	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place of death yis mos. ds. State yis ds.
(Informant Burnice a Shuriday	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
(Address) All May All May Jume Filed May 3/ 1980. V. May Jume Registral  If more blanks are needed, address State Registral	en Will & Marver Delmand Paracras St., Balton, Requesting V. S., No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, worked on may form part of the second statement. Never return" Laborer." "Foreman," "Manager." "Deal-Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Ciril engineer, Physicion, Compositor, Architect, Locomotive state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., tired 6 yrs). gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed (b) engineer, (mocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebross in meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhuge, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-hamicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY " "Marasmus," "Old Age," "Shock," Chronic valvular heart Example: Meusles (disease etc. The Always qualify all eontributory not be diseuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

N. B.

PLACE OF DEATH

County Walled	CERTIFICATE OF DEATH Registration Dist. No. 337
Village or City That assists (No	St.: Ward) (If death occurred in hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Dsy) (Yesr)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw has alive on Many 24, 1923 \$
a occupation  (a) Trade, profession or particular kind of work  Taxage  If LESS that I day hr or min.	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yrs nos de.
(State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  (State or country)	(Signed) (Durstion) yrs de. de.  (Signed) M. D.  *State the Liscase Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where were discover contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?  Former or  you'd residence
(Informant) Mrs & writer (Survey)  (Address) Sualishury May	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
Filed May 26 1930 1. Tronspord Registral	Mrs IM essibitione Brineres

If more blanks are needed, addre.s :tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

STATE

OF MARYLAND

03414

MRITE

K. E. INLY, WITH UNFADING INK-THIS IS A PER

E. C. T. 1) Estement of OCCUPATION is very important. See instructions on back of particular strong strong strong to the plain terms for the filter is a record to the filter in plain terms for the filter is a record to the filter in the filter in the filter is a filter in the fil

#### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) butiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages; as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to e ch and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g. . Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-JT8). who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

e 6 d larea

> tetanus) may be stated under the head of 'contributory. carbolic acid-probably suicide. st.ted unless important. Example: Measles (disease approxed by as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "E:haustion," "Heart "Gold Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Viu 225,
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; ..... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Committee on Chronic valvular heart disease; The n\_ture of the injury, etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	1	-	1	
1	1	A	)	1
1		-	V	1
-	И	_	~	-

#### PLACE OF DEATH

County Wicomico



#### 12806 STATE OF MARYLAND CERTIFICATE OF DEATH

R	egistration	Dist.	No.	3	3	3	

Village or City Near Sharptown (No.

**2FULL NAME** Marion

(If death occurred In a hospital or institu-tion, give Its NAME in-stead of street and number.) Ward)

PERSONAL AND STATISTICAL PARTICULARS			ICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Married Widowed.  Female Col Widowed.  OR DIVORCED (Write the word)			MARRIED, Married WIDOWED, OR DIVORCED		26 I93792 (Year)
6 DATE OF BIRTH  Jan 8 1905  (Month) (Day) (Year)			8 , IQO5 (Year)		attended the deceased from
7 /	GE .	25 yrs. 9	lf LESS than l day	and that death occurred on the date at The CAUSE OF DEATH * was as follows	
	a) Trade, prarticular kir		sehold Duties	Tuhercut	oses
6	b) General rusiness, or e	nature of industry establishment in yed or (employer)		(Duration)	
9 BIRTHPLACE (State or country) New Jersey 10 Name of FATHER Colbert Coles			Jersey	Contributory Secondary	mos ds.
			oleg	(Signed) 1923 Address)	K. M. D.
ENTS		r country) V2	•	*State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	ath, or, in deaths from Injury and (2) Whether
PAR	OF MOT		Lee	18 LENGTH OF RESIDENCE (For H	ospitals, Institutions, Trans-
	OF MOT (State o		J.	At place of deathyrsds.  Where was disease contracted,	the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		if not at place of death?			
	(Informan	) Colbert Co	2108	usual residence	DATE OF BURIAL
	(Add	ress) Morristo	no, N.J. #2 B.D.	Zion Church	Oct 30 19 30
15		1,29 1930 7	. 0	20 UNDERTAKER	ADDRESS
	I HEU	17	Registrar	W.D. Gravenor & Bro.	Sharptown.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the pisser EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

-	PLACE OF DEATH	STATE OF MARYLAND
	County // scomed.	6 CERTIFICATE OF DEATH
		Registration Dist. No. 333
	Village or City Salssury (No. 402)	J. D.W. St.: 13 Ward) a (If death occurred in a hospital or institu-
	2FULL NAME John S. Sir	tion, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MAUNUA  Male Male (Write the word)	16 DATE OF DEATH    12
	6 DATE OF BIRTH Maraly 10 1881	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Yoar)	that I last saw him alive on Jan 12, 1822,
	7 AGE   If LESS than   I day	and that death occurred on the date stated above, at
	4 8 yrs. moa. ds. or min.?	
	(a) Trade, profession or particular kind of work Cubrut Makey	Jetro - merona von Recki familia
	(b) General nature of industry	
J	business, or establishment in which employed or (employer)	(Duration) Zyrs, mosds.
	9 BIRTHPLACE (State or country) Salishum Md	Contributory Secondary  (Duration) yrs
	10 NAME OF FATHER Way Van. Sirmon.	(Signed) / Heure P Mann M. D.
	OF FATHER	3 1950 (Address) (1) at 19
	Z (State or country) Maryland	*State the Pisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Sarah PG. Sturges	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Mankland.	At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
	(Informant) Mis. John S. Sirmon	Former or usual residence
	(Address) Chalishur MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DA
	15 Filed Jan 14 130. V. May Turner Registra (	The Hill of Human Co Calibrery ma
	If more b.anks are needed, addre.s ttate hegistrar	, 16 W. Saratoga St. Palto., Lequesting V. S. No. 1.
2.0		

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Aulomobile foctory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise specification as Doy laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,"

> American Medical Association.) (secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, reritonaeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencorbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; approved by Committee on as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railwoy train can be ascertained as the cause. (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic vauvus mephritis, etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly chasified. Exact CORD AINLY, WITH UNFADING INK-THIS IS A PERMANENT NG MARGIN RESERVED FOR BIL

V. S. No. 1

PLACE OF DEATH	12807 STATE OF MARYLAND
County Conuco.	CERTIFICATE OF DEATH
Au Saliaberra a Per See	Registration Dist. No. 333
Village or City Salesbury. (No. Year The	Ward) a hospital or institu-
2FULL NAME Mrs. Longeann	a Smack. tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Och 22, 1920  (Month) (Day) (Year)
6 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended the deceased from
Dec. 8., 1862	Cel 22 1920. 10 Cel 22, 1920.
(Month) (Day) (Year)	that I last saw h alive on CC 22, 1920,
7 AGE If LESS than I dayhrs.	TI CAMOS OF DEATH & CAMOS
6 7 yrs. 0 mos. 14 ds. or min.	Thomas latel funnil
8 OCCUPATION (a) Trade, profession or particular kind of work	ludio
(b) General nature of industry business, or establishment in	Janel
which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  (Duration)  (Duration)
10 NAME OF OI OI	(Signed) M. D.
FATHER Neury Holloway.	Oct 27 1929 (Address) Sulesting his
OF FATHER (State or country)  OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Hall.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country).	of death yrs mos State has mos des.  Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mr. Ellow Smack.	Former or usual residence Movestry Co, Loud  19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Berlin md.	Evergrew Cerre lery Oct 24, 1930.
Filed Oct 22-19230. &- May Junes Fregistrar	. J. W. Beurboge. Buli Ma
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekecpers who receive a report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planler, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerthat fact may be indicated thus; Farmer (rewithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (4) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(clanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonilis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," "Exhaustion," "Heart failure," Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... name origin; "Cancer" is less definite; avoid cough; by Committee on or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The Nomenclature " etc.), "Dropsy,"
"Haemorrhage," contributory Measles ;

If this certificate is looked over thoroughly and all questions canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

NOV ORE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County LEONIS	CERTIFICATE OF DEATH
h 11 , , -	Registration Dist. No. 383
Village or City far Sharptown (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	18 DATE OF DEATH (19 30 (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)	that I last saw halive on, 192
Jtillborn   If LESS than I day hrs. wrs. ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Dullbarn (Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  yrs. mos. ds.
10 NAME OF FATHER Frank M. July	(Signed) Mary E. Mann ms
OF FATHER (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Blowny Journation	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Frank Smiles	if not at place of dea.h?  Former or usual residence
(Address) Market Sharty R. J. D.	19 PLACE OF BURIAL OR REMOVAL  Aug. 18, 19.30
Filed Quy 18 19235 Mary 6. Mann.	De D. Gravenor Bros. Sharftown
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Iaemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory

If this certificate it solved over thoroughly and all questions answered in detail, it will prevent upther correspondency. All the data is essential and must be obtained date of certificate is permanently filed.

OEG 91 130

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
SEALEN SAME OF THE OWNER OWNER OF THE OWNER OW	Registration Dist. No. 333
Village or City Salusbury (No.	ospital St.: /3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
tilleruisment Smith, Baby	Boy Hebron Ma number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 1986 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hindleson for 1920,
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Julian
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  Duration vi mor da
10 NAME OF FATHER	(Signed)
o 11 BIRTHPLACE	1911 1925 O(Address) July ral
OF FATHER (State or country)  12 MalDEN NAME	*State the Piscaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many I with.	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Perg. Yearl Hospital	19 PLACE OF BURIAL OF BEROVALA DATE OF BURIAL
(Address) Salisbury, Mg.	Home Cem. My how 2, 1930
Filed Nov 1 19230. U-May Surane	George Educid Johnson Hebron Mis
If more blanks are needed, addre.s Ltate Negistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Collon mill; (a) Salesman, Compositor, Architect, For persons who have no occupation Locomolive engineer, (6) material

Statement of Cause of Death—Name, first, the pix EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrosphall fever (the only definite synonym is "Epidemic cerebrogs, inal meningitis"); Diphlheria (avoid use of "Croup"); s. inal meningitis"); Diphlheria (avoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "IIaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state Means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; ChronicThe nature of the injury, etc. affection need not be valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

C 6

DEC

PHYSI-	PLACE OF DEATH  County Wiconic	STATE OF MARYLAND CERTIFICATE OF DEATH
CORD EXACTLY, y classified	Village or City Saliebury (No. H	Registration Dist. No. 3.3.3  St.: 13 Ward) (If death occurred in a hospital or institution, give its NAME in strad of street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANEN d be st	Jemale Black STINGLE, single.  Black OR DIVORCED (Wite the word)	16 DATE OF DEATH 70 3 , 1930 (Month) (Day) (Year)
A PLAM SE shoul	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to 200. 1930 that I last saw herealive on 200. 2 1923 6
HIS IS Allied. Acms so the	7 AGE  O yrs. O mos. 2 ds. or min.?	
SERVE NKTI Iy supp	(a) Trade, profession or	( Sematus Des &
N RES	business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary
UNFA UNFA ould be	10 NAME OF FATHER Unknowy	(Signed) yrs mos de
WITH tion sh	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AINLY, nforma state	13 BIRTHPLACE OF MOTHER 71	18 LENGTH OF RESIDENCE for Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos, ds. State yrs mos ds.
TE of i	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
WRI	(Address) Salisting Mg.	White Haunen nov 5, 1930
S. No. 1	Filed Nov 5- 19230. Le May Turner	Leonge Edward Johnson Hebrough
0	If more branks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, Civil engineer, Stationary freman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

mapproved "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was under-Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic Example: Measles (disease affection need not be valvular heart disease; etc. The contributory Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR

RESERVED

MARGIN

PLACE OF DEATH	12808 STATE OF MARYLAND
County Micomico.	CERTIFICATE OF DEATH
P — 1.11	Registration Dist. No. 332
Village or City Mr. Tillsille, (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, war of the word)	16 DATE OF DEATH ON 1933 (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
NOV, 10, 1929	19250 to Ce , 1930
(Month) (Day) (Year)	that I last saw hell alive on Set 7, 1923 C
7 AGE	and that death occurred on the date stated above, at 3
yrs. 10 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or particular kind of work	The Calilia
(b) General nature of industry	
business, or establishment in	(Duration) yrs, mos de
9 BIRTHPLACE (State or country) William 1	Contributory Secondary
TO NAME OF MACH. OSMITH	(Signed) (Duration) Str. mos. de.
M 11 BIRTHPLACE	1928 (Address) Sales Pray 2-9,
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in doaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER LUCY JAMES	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
mack Nmitt!	Former or usual residence
(Address) Pillsville MA	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL HAMINITED COMMENTS OCTABLE . 1930
Filed Oct. 7, 1930 Leland J. Innt	20 UNDERTAKER ADDRESS Pattsille Md.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, to know (a) the kind of work and also (b) the For many occupations a or At Home, and ehildren, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation single word or term on Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accentuled term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stited unless important (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; L. Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart Nomenclature The contributory Always qualify al Measles; disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the dita is essential and must be obtained before the certificate is permanently filed.

1930

5

S. No.

PLACE OF DEATH  County Wicomico  Village or City Salisbury (No. Pen. Gene	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 333 Pal Hospital St.: 13 Ward) (If death occurred in a hospital or institu-
2FULL NAME Dimmie Mariah Smith	tion, give its NAME is stand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Widowed, OR DIVORCED Married (Write the word)	16 DATE OF DEATH ) 1980 (Month) (Day) (Year)
August 27th , 1867 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 to 192 that I last saw h alive on 192
7 AGE    If LESS than     day hrs.   hrs.   or min.   or min.	
(a) Trade, profession or Housewife  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Maryland  10 NAME OF FATHER William T. Lambertson  11 BIRTHPLACE OF FATHER (State or country)  Maryland  12 MAIDEN NAME OF MOTHER Elizabeth Read  13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	(Duration) yrs mos ds.  Contributory Secondary  (Duration) 3 yrs mos ds.  (Signed) M. D.  *State the Disease Causing Death, or, in dotths from Violent Causes, etate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds,  Where was disease contracted,
(Informant) James F. Smith  (Address) Pocomoke City, Nd.	Former or usual residence DATE OF BURIAL Narch18, 1930 Pocomoke City, Md.  Date of Burial March18, 1930 Pocomoke City, Md.
Filed Mch 13 1930. L. May Junes, Registrar  If more banks are needed, address that Registrar	PADDRESS POCOMORE City  Live Shilaryland.  r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Physician, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH 02064 STATE OF MARYLAND County We Own CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, Jana 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. eq may be WIDOWED. OR DIVORCED (Write the word) pino (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from 17 1920. to that instruction (Day) (Month) (Year) that I last saw home alive on 7 AGE If LESS than and that death occurred on the date stated above, at .... I day hrs. The CAUSE OF DEATH \* or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in .(Duration) which employed or (employer) ATH 9 BIRTHPLACE Secondary MARGI (State or country) ВШ Duration) OD 10 NAME OF (Signed) M. D. FATHER 00 11 BIRTHPLACE OF FATHER SO Z \*State the Disease Causing Death, or, In deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) 00 Where was disease contracted CIANS should statement of if not at place of death? .... OF MY KNOWLEDGE Former or usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 00 Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery, (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er, setc., Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need Chronic interstitial nephritis, Whooping eough; use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronie valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is ecsential and must be obtained before the certificate is permanently filed

	PLACE OF DEATH County Musmul	05981 STATE OF MARYLAND CERTIFICATE OF DEATH				
	P. O.	Registration Dist. No. 333				
	Village or City Salisbury (No. Mirrula Con Studies of Smiles	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
	Male Alike Single, Married, Widowed. Merried (Write the word)	16 DATE OF DEATH Quay 20, 1920 (Month) (Day) (Year)				
	6 DATE OF BIRTH July 4, 1888.	I HEREBY CERTIFY, That I attended the deceased from				
	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 1/2 / m.				
	#1 yrs. 10 mos. 16 ds. or min.?	The CAUSE OF DEATH * was as follows:				
7	(a) Trade, profession or Mulank particular kind of work	- Price!				
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs Fuelly ds.				
	9 BIRTHPLACE (State or country) Russia	Secondary (Duration) yrs mos / hrs.				
	10 NAME OF SEMUEL FAILS	(Signed) M. D. hay 20 1983 (Address) Seelestry had				
ENTS	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
	of MOTHER MARINE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)				
	OF MOTHER (State or Country)	At place of deathyrsmosds.  Where was disease contracted,				
	(Informant) MA DAAL) She factor	if not st place of dea.h?  Former or usual residence Laladay Truef				
	(Address) Salishury M.	Melley Cenery, Bello 5/1/15019				
	Filed May 2019230. J. May June	The Hill & Phren G. Salishuy, M.				
	If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.					

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2 Brown STATE OF MARYLAND PLAGE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) (Day) If LESS than and that death occurred on the date stated above, a 7 AGE I day his. The CAUSE OF DEATH ds. or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF 11 BIRTHPLACE Disease Causing Death, or, in deaths from Z Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER ...yre......ds. (State or Country) hould at of O Where was disease contracted, if not at place of death? MY KNOWLEDGE Every item CIANS sho usual residence TATE OF BURIAL 9 PLACE OF BURIAL OR REMOVAL Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Alto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruml, Cook, Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cottan mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, Statement of Occupation-Precise statement of ocor At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Loborerwithout more precise specification as Day (b) Automobile foctory. The material (a) the kind of work and also (b) the -Coul mine, etc. Womnot gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Branchopneumonia ("Pneumonia,"

> tclanus) may be stated under the head of "contributory." American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Corcinoma, Sorcama, etc., of ........ name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart Nomenclature Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR/OR RACE 16 DATE OF DEATH WIDOWED OR DIVORCEO (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that struction (Day) (Year) (Month) IIfLESS than and that death occurred on the date stated above, at ... 200 m. 7 AGE I day hrs. The CAUSE OF DEATH min.? RESERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) mpo MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 0 (Address) 11 BIRTHPLACE முய RENTS OF FATHER the Disease Causing Death, or, in CAUS Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) should state 13 BIRTHPLACE In the At place OF MOTHER State... ....yrs.....mes... (State or Country) Where was disease contracted, if not at place of death? TO THE BEST OF 14 THE ABOVE IS TRUE Former or usual residence Every it CIANS stateme 19 PLACE OF BURIAL OR REMOVAL PORESS 20 UNDERTAKER Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coat mine, cic. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many not gainfully em-6 Grocery, Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosponal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septimenia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probubly such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; nephrilis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD INLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BIL WRITE

PLACE OF DEATH	STATE OF MARYLAND
County Ossemico	CERTIFICATE OF DEATH
County	1322
$\rho_{\Lambda,\Lambda}$	Registration Dist. No.
Village or City Salisbury (No. Unersal	A Markelal St.: 13 Ward) a (If death occurred in a hospital or institu-
6 11	tion, give its NAME in-
2 FULL NAME CARA) Starton	stend of street and number.)
-I OLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
WIDOWED. WILLY OR DIVORCED	001. 11. 1930.
simule stull (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
WA) /V 890	1950 to Oct /7 , 1960,
(Month) (Day) (Wear)	that I last saw holy alive on Oce 17 , 1920,
7 AGE	and that death occurred on the date stated above, at 730 fc.m.
l day hrs.	The CAUSE OF DEATH was as follows:
Jyrs. 9 mos. 3 ds. or min.?	2 tun filmed
B OCCUPATION	
(a) Trade, profession or an African particular kind of work	4 4 4 5 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4
(b) General nature of industry	
business, or establishment in	(Duration) yre
which employed or (employer)	Contributory Sulvling
9 BIRTHPLACE (State or country)	Secondary Pu alle
ungering	Detation)mosde,
10 NAME OF STATE AND STATE OF	(Signed)
Mulan ola un	Met 14 193 O (Address) Salestay Jud
OF FATHER	
OF FATHER (State or country)  12 MAIDEN NAME 6%.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a cumpant	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. In the State work mos ds.
(State or Country)	Where was disease contracted, Wascons . C. luce
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
My Noull Somewell	Former or Wellisting and
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Scholuy, Md.	Para la Y Sell roligion
Filed Dec 14 193 W. May June	20 UN DERTAKER
Registrar	Il Hell John 10. Halishung Mit
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

10000

(Approved by U. S. Census and American Public Health Association.)

Spinner, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; without more precise specification as Day Compositor, Architect, (b)For persons who have no occupation Automobile factory. The material Laborer--Coal minc, etc. Wom-Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e. g., sepsis, approved by Committee on 'tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage (secondary or intercurrent) affection need not be Whooping cough; accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; Nomenclature The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

This certificate should have been included in report for Oct. but was misplaced by the undertaker, & necessary to The physician De Dick was in the pospital, mable to aftend to business, & signature of his partner has been oblamed that it might be included in this mouths report. Jr. May June Local Registrar

PLACE OF DEATH	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
ALTER SERVICE TA LIGHTS OF	Registration Dist. No. 333
	Gen. Hospital Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME mrs arthur	g. Sparrow stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 sex 4 color or race 5 single, Married, Widowed. Married (Write the word)	September 24, 1933
6 DATE OF BIRTH Q - 24 - 1490	17 I HEREBY CERTIFY, That I attended the deceased from Curguel 22 1930. to September 271930,
(Month) (Day) (Year)	that I lost saw h lev alive on Sept 24 , 1930,
7 AGE [If LESS than	
yra. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	Carracymus
(a) Trade, profession or January particular kind of work	V
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yre mos de.
a pintupi ACE	Contributory July Secondary
(State or country House Co. Ju	(Dyrstion) yrs mos 3 ds.
10 NAME OF	(Signed). M. D.
FATHER Ven Mamm	Jefs 25 198 (Address) Frebrug 244
OF FATHER  (State or country) Ceenuse Colbert	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER Clemnal Co, bu	At place of death yrs mos ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted become Co, bu
(Informant) Zu. G. Sheed	Former or usual residence Con Con Da
(Address) Very Church Va	Helsen Cenelary Self 26, 1970
15 File Sept 25 19230. & May June	To DIDERTAKER HILLAU ANDERESS HECKY
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, should nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesbe used only when needed. As examples: (a) Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic affection need not be etc. The contributory valvular heart Measles ; disease;

If this certificate is looked over thoroughly and all questions anawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TYSI- Exact	1PLACE OF DEATH	12810
PHY Ex	County Wicomico	
CTLY, CTLY, Isselfied	Village or City Salisbury md (No. Pen.	Gen Hospital
EXA riy ola rificate	2FULL NAME Drene Stary	
stated E) properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
ANE d be y be ack	1 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
shout it m	6 DATE OF BIRTH  (Lobber / 2 , 1930  (Month) (Day) (Year)	July 28
ATT	7 AGE  If LESS than I day hrs or min.	The CAUSE OF DEATH
	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Typico
UNFADING INK Ild be carefully sur DEATH in plain te	business, or establishment in which employed or (employer)	Contributory Secondary
- 5 C >	(State or country)  10 NAME OF FATHER  11 BIRTHPLAGE	(Signed)
ation she	OF FATHER (State or country) Nulum 12 MAIDEN NAME	*State the Diseas Violent Causes, state Accidental, Suicidal or I
Alvery Informa state CCUPA	OF MOTHER  13 BIRTHPLACE OF MOTHER	ients or Recent Reside
of or or	(State or Country)	of deathyrs mos where was disease contracte
item shoundent of	(Informant) Pen. Sen. Haspital	if not at place of death? Former or usual residence
Very Vary tatem	(Address) Salisbury md	Dames Lu
M CONTRACT	Filed Oct 12 19230. V. May June	Gred J.
Z	If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balt

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 93.3

Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH October 12, 1930
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
July 28 1930 10 October 12, 1930
that I lest saw halive on, 192
and that death occurred on the date stated above, at 2:25 A m.
The CAUSE OF DEATH * was as follows:
2.11
Typhiad for
(Duration) yrs. mos ds.
Contributory School
Secondary
Signed) M. D.
OUIT 1930 (Address) Jakoty and
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place In the State de
Where was disease contracted, Microscev Co. hud
ormer or sual residence Miennes Jung
Dance Lunder, Mit Oct 14,1930
O UNDERTAKER We have appress

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Automobile factory. The material person, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Coup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BUREAU

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in ORD a hospitai or institution, give its NAME in-**2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED.
OR DIVORCED
(Write the word) Month) (Day) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) that I last saw h elive on (Month) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH \* was as follows: (a) Trade, profession or particular kind of work... (b) General nature of industry business, or establishment in UNFADING which employed be (cop) over Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Address) 11 BIRTHPLACE of, In OF FATHER Disease Causing Death, RENT Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the State 2 yrs At place OF MOTHER of death .... ...yrs.......mos......ds. (State or Country) ŏ Where was disease contracted. 0 if not at place of death?.. 3 14 THE ABOVE IS TRUE OF MY KNOWLEDGE of usual residence. OF BURIAL OR REMOVAL AODRESE 20 UNDERTAKER 15 If more bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

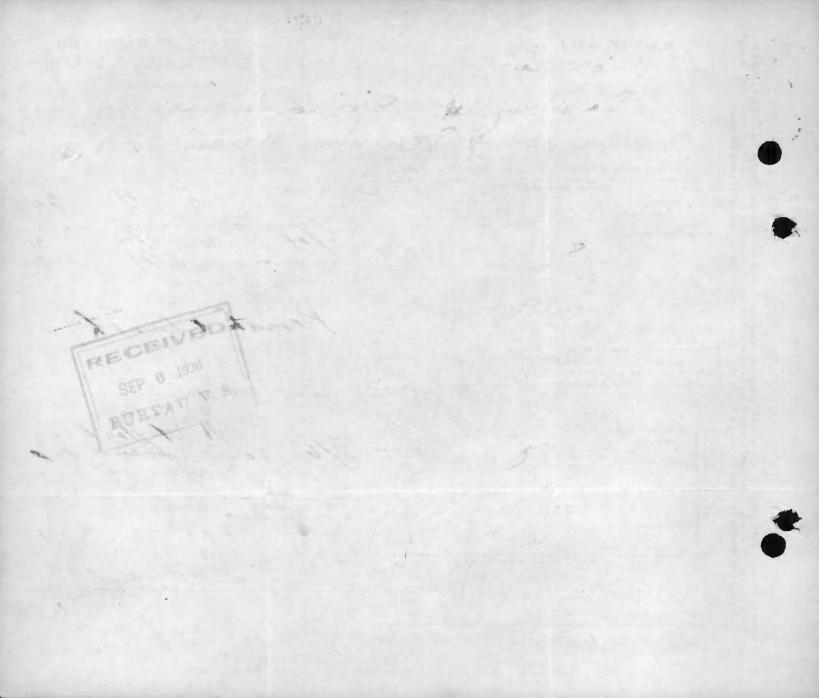
(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healther," etc., without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekeepers who receive a Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. specifically the occupations of persons en-For persons who have no occupation (d) Automobile factory. The single word or term on 6 The quesmateria Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia" fever (the only definite synonym is "Epidemic cerebioto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia

> stated unless important. carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is data is essential permanently filed.



Z

PLACE OF DEATH,	07099 STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Salubury (No. Sen 2FULL NAME Why Steers	, Gent Hospital 1 Ward) (If death occurred In a hospital cr institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2.2, 1930 (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from  June 8 1930 to June 22 , 1930,  that I last saw h malive on June 22 , 1980,
7 AGE If LESS than I day hrs. wrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Rexle another do.
9 BIRTHPLACE (State or country)	Secondary  (Duration) VIS mos 6
FATHER Unknown	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MARKEN NAME OF COUNTRY  12 MARKEN NAME OF COUNTRY  14 MARKEN NAME OF COUNTRY  15 MARKEN NAME OF COUNTRY  16 MARKEN NAME OF COUNTRY  17 MARKEN NAME OF COUNTRY  18 MARKEN NAME OF COUNTRY  19 MARKEN NAME OF COUNTRY  19 MARKEN NAME OF COUNTRY  10 MARKEN NAME OF COUNTRY  11 MARKEN NAME OF COUNTRY  12 MARKEN NAME OF COUNTRY  12 MARKEN NAME OF COUNTRY  13 MARKEN NAME OF COUNTRY  14 MARKEN NAME OF COUNTRY  15 MARKEN NAME OF COUNTRY  16 MARKEN NAME OF COUNTRY  17 MARKEN NAME OF COUNTRY  18 MA	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mrs. Priscible Stine	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Unknown	At place of death yrs
(Informant) Plus. Here Workstal	Former or usual residence Weal Scheme, Med
(Address) Salisbiry, Md.	JAMMA MID G- 23, 1920 20 UNDERTAKER  ADDRESS  ADDRESS
Filed June 22,030. & May June Registra	pred ? Shebsto Weals tolk
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02000

(Approved by U. S. Census and American Public Health Association.)

eupation is very important, so that the relative health fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serrant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwhatever, write None. Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g.. Farmer or Plumler, Foreman, For many occupations a single word or term on Farm laborer, Laboreryrs). without more precise specification as Duy Stationary fireman, etc. But in many For persons who have no occupation (b) Automobike factory. The material Salesmon. -Coal mine, etc. Wom-3 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: \*Corebrospinal fewer\* (the only definite synonym is "Epidemic cerebrospinal meningitis"; \*Diphtheria\* (avoid use of "Croup"); Typhoid fewer\* (never report "Typhoid Pneumonia"); \*Lobar pucumonia, \*Brouchopueumonia\* ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcona,, etc., of (secondary or intercurrent) affection need not be stated unless important. Example: Mousles (disease unqualified, is indefinite); Tuberculosis of lungs, mer-"Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (\*ccondary), Whooping cough; Chronic Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis accident; Revolver wound of head-hamicide; Poisoned by Examples: Accidental drowning; Struck by ruihung trainapproved by American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, "Tumor" FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature for malignant neoplasins; Chronic valendar heart etc. The contributory Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A if the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH County Horces Registration Dist. No. (If death occurred in St.: Ward) a hospit i er institucertificate. tion, give Its NAME in stend of street and i.umber.) propertion of certif STATISTICAL PARTICULARS MIDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, X oq may bo CR DIVORCED (Write the word) HEREBY CERTIFY, That I attended the deceased Suo hat (: :onth) (Day) (Wear Ü and that death occured on the date stated abova, at fLESS than 7 AGE Ш OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry S business, or establishment in u a which employed (r (employer) Contributory 9 BIRTHPLACE Secondary MARGIN (state or country) 10 NAME OF tate the Disase Causing Peath, or, in deatha from FNT Violent Caus s, st.te (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 01 18 L\_NGTH OF RISIDENCE (For 1 ospitals, Institutions, Trans-0 ients or Recent Residents) State At place In the State.....yrs.......mos... of death 318..... mos. ..... ds. should ent of O Where was disease contracted, if not at place of death? Former or usual res.dence .. Every it CIANS statement Requesting V. S. No. 1. If more blanks are needed, address State Registrar, 16 W. Saratoga St.,

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed plyed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseer," etc., Civil engineer. Stationary fireman, et . But in many Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (6) (a) the kind of work and also (b) the Automobile factory. The material not gainfully em-(ro ery;

Statement of Cause of Dearth—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disense. Examples: Carebrospinal fever (the only definite synonym is "Tpidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever inever report "Typhoid Pneumania"; Lobor pneumonia. Bronchopneumonia. "Pneumonia."

EIVED

REA



diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," clc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; . . . . . (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, as fracture of skull, and consequences (e.g., servins, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICI AL. State cause for which surgical operation was under-"Exhaustion," (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poiso ed by American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY by Committee on "Heart failure," "IIaemorrhage," Chronic etc. valeular heart disease; Nomenclature of the The contributory not be etc., ol

If this certificate is hocked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

4 5

PLACE OF DEATH

	PLACE OF DEATH	14170 STATE OF MARYLAND
•	County Ni comico	CERTIFICATE OF DEATH
	STEELE BORNSHIEVE LIESTED AS	Registration Dist. No. 333
Vil	llage or City Salishury (No. Pen. Gene	tion, give its NAME i
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED/(APTIE) (Write the word)	November 30th 1920 November (Month) 30 (Day) 1930 (Year)
6 C	September 26th, 1853 (Month) (Day) (Year	I HEREBY CERTIFY, That I attended the deceased from Nov. 22nd. 1920 to Nov. 30th 1920
7 A	If LESS the lady heart or missing the lady heart of	nrs. The CAUSE OF DEATH * was as follows:
16 (2	a) Trade, profession or	Vyelitis
(E	b) General nature of industry	
bi W	ousiness, or establishment in which employed or (employer) Retired 10 Years	(Durstion) yis, mos.
9 8	BIRTHPLACE (State or country)  Varyland	Contributory Secondary
	10 NAME OF FATHER Henry M. Stevenson	(Signed) Olean M. M.
S	11 BIRTHPLACE OF FATHER	1) 1930 (Address) Salisbury. Me
N Z	(State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	of Mother Anne Boston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or Country)   Yarv] and	ients or Recent Residents) At place of death yrs mos. 8 ds. In the State yrs mos
4 7	(Informant) Nrs Franklin Dennis	Where was disease contracted, Joeann Le Color if not at place of death? The color if not at place of death? The color is not at place of death.
	(Address) Pocomoke City, Nd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Filed Dec / 19830. L. May June Registrar	Pocomoke City, Nd. Dec. 3rd, 1930
15	Registrar	

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, whatever, write Nonc. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Architect, Locomotive engineer, (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospia al Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the D time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia

> telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; Nomenclature The contributory Always qualify all Measles;

apswered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions is essential and must he obtained hefore the certificate is canently filed.

STATE OF MARYLAND PLACE OF DEATH Registration Dist. No. Cartin 1 (If death occurred in a hospital or institution, give ite NAME Instend of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX WIDOWED. OR DIVORCED Write the word) 6 DATE OF BIRTH (Month) (Day) (Ysar' and that death occured on the date stated above, at IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follower RESERVED 8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondary MARGIN 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE \*State the Discase Causing Death, or, in deeths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 1318 LENGTH OF RESIDENCE (For Bospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death ... (State or country) Where was disease contracted, if not at place of death? 30 UNDERTAKER If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. Aever return 'Laborer," "Foreman," 'Manager," 'Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer. ," etc., without more precise specification as Day For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, ctc. Compositor, Architect, For persons who have no occupation Stationary firemon, etc. Locomolive engineer, But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The nature of the injury. Examples: A ceidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely (secondary or Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; intercurrent) Chronic etc. affection volvular heart disease; The contributory Sarcomo,, need not be Measles , etc., 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.